Public Health Agency of Canada

2008-2009

Report on Plans and Priorities

Tony Clement

Minister of Health

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Section I – Overview

Message from the Minister of Health

It is with pleasure that I present the Public Health Agency of Canada's 2008-2009 Report on Plans and Priorities, the Agency's third such report on its corporate direction.

Canada is a great country with limitless potential, and Canadians have worked hard to create a solid foundation for our society and create a safe, healthy and prosperous nation for our children. Public health contributes to this foundation in many ways and is helping our Government deliver on its priorities for building a better Canada.

The Government of Canada is concerned with improving the quality and safety of our environment, not only the air that we breathe and the water we drink, but also ensuring that food for our families and the products we buy for our workplaces and homes are safe. The Agency supports the Government's priorities through its expertise and networks on the surveillance of health outcomes. By highlighting links between exposure and illness, this work allows us to direct interventions where needed, and to in turn measure their effectiveness.

The Public Health Agency of Canada will also continue to lead the Government of Canada's efforts, at home and internationally, on preparation and planning for a potential influenza pandemic and for any other emerging infectious disease that could threaten the health of our collective well-being. Through continued vigilance, the Agency works to ensure that early identification of and fast response to outbreaks will help reduce the impact of a pandemic on the health of Canadians.

An important step in reinforcing public health in Canada was the passing into law of the *Public Health Agency of Canada Act* in December 2006. The Act formally establishes the position of the Chief Public Health Officer of Canada and recognizes his unique dual role both as deputy head of the Agency and the Government of Canada's lead health professional. The Agency also has recently released its five-year Strategic Plan that sets its direction and key priorities.

This is indeed a country of which we can be very proud. By working to improve and protect the health of Canadians, the Public Health Agency of Canada continues to play a key role in Canada's enduring prosperity.

Tony Clement
Minister of Health

Message from the Chief Public Health Officer

It has been over three years since the Public Health Agency of Canada was created to assist the federal government in protecting and promoting the health of the population. Emerging from the lessons of SARS we look back with some pride on the accomplishments of these first years as we work to address the fundamental factors that impact on health.

Public Health is the first public good addressed by governments in health as we recognized the powerful relationship between economic, social and individual health and wellbeing.

Whether it is protecting from emerging or well known infections, preventing and managing chronic disease and injury, planning for and responding to emergencies, preparing for a pandemic, enhancing public health capacity, studying and addressing determinants of health, or conducting research and surveillance, public health inevitably touches all aspects of our lives. Sound public health is a solid foundation that supports all else in society.

Looking ahead, the current pace of change within our borders and around the world poses both challenges and opportunities for Canadians, from changing demographics, environmental impacts, rising obesity and chronic disease rates, to a growing awareness of the interconnectedness of the world and the accelerating pace of scientific and technological innovation. It is ironic testimony to our technical success that despite our advances we have neglected the basics of health and this generation of children may be the first to have a shorter life expectancy than their parents.

In facing these challenges and embracing these opportunities, the Public Health Agency's vision remains constant and relevant: healthy Canadians and communities in a healthier world. The Agency will continue to develop, enhance and implement strategies and programs for the prevention of infectious disease, for the promotion of health, and for the prevention and control of chronic disease and injury. We will continue to strengthen Canada's preparedness for emergencies and disasters, while increasing public health capacity and enhancing our national and international collaborations. The Agency remains the government-wide lead on efforts to study and address determinants of health.

Our new, first ever Strategic Plan articulates the Agency's objectives and will guide us forward over the coming years.

New with this 2008-2009 Report on Plans and Priorities is a revised strategic outcome for the Agency: healthier Canadians, reduced health disparities and a stronger public health capacity. By specifically stating the goal of reducing health disparities, we emphasize one of our greatest public health challenges. Health inequalities in Canada will be the focus of the upcoming inaugural Chief Public Health Officer's Report on the State of Public Health in Canada.

We look forward to the challenges ahead as we work together towards achieving "healthy Canadians and communities in a healthier world".

Dr. David Butler-Jones
Chief Public Health Officer

Management Representation Statement

I submit for tabling in Parliament, the 2008-2009 Report on Plans and Priorities (RPP) for the Public Health Agency of Canada.

This document has been prepared based on the reporting principles contained in the Guide for the Preparation of Part III of the 2008-2009 Estimates: Reports on Plans and Priorities and Departmental Performance Reports:

- It adheres to the specific reporting requirements outlined in the Treasury Board Secretariat guidance;
- It is based on the Agency's Strategic Outcome and program activities that were approved by the Treasury Board;
- It presents consistent, comprehensive, balanced and reliable information;
- It provides a basis of accountability for the results achieved with the resources and authorities entrusted to it; and
- It reports finances based on approved planned spending numbers from the Treasury Board of Canada Secretariat.

Dr. David Butler-Jones
Chief Public Health Officer

The Agency's Reason for Existence

In September 2004, the Public Health Agency of Canada was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to help protect the health and safety of all Canadians and to increase its focus on public health. The Agency's role is to help build an effective public health system in Canada – one that allows Canadians to achieve better health and well-being in their daily lives, while protecting them from threats to their health security.

Health Portfolio Overview
The Minister of Health is responsible for maintaining and improving the health of Canadians. This is supported by the Health Portfolio which comprises the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research, the Hazardous Materials Information Review Commission, the Patented Medicine Prices Review Board and Assisted Human Reproduction Canada. Each member of the Portfolio prepares its own Report on Plans and Priorities. The Health Portfolio consists of approximately 11 400 employees and an annual budget of over $4.5 billion.

Events like the emergence of severe acute respiratory syndrome (SARS) in 2003 demonstrated the need for Canada to have a national point of focus for public health issues. In response, the Public Health Agency of Canada was established on September 24, 2004, and Dr. David Butler-Jones was appointed as the country's first Chief Public Health Officer (CPHO). The creation of the Agency marked the beginning of a new approach to federal leadership, and to collaboration with the provinces and territories in the Government's efforts to renew the public health system in Canada.

On December 15, 2006, the *Public Health Agency of Canada Act* came into force. The Act continues the strong tradition of cooperation and collaboration that has been a part of Canada's approach to public health for decades. The Act formally establishes the position of the Chief Public Health Officer and recognizes his unique **dual role** as deputy head of the Agency and as the Government of Canada's lead public health professional.

Dual Role of the Chief Public Health Officer:

- As **Deputy Head of the Agency**, the Chief Public Health Officer (CPHO) is accountable to the Minister of Health for the daily operations of the Agency, and advises the Minister on public health matters. The CPHO can engage other federal departments to mobilize the resources of the Agency to meet threats to the health of Canadians.
- In addition to his role as deputy head, the *Public Health Agency of Canada Act* also recognizes that the CPHO is the lead health professional of the Government of Canada, with demonstrated expertise and leadership in this field. As such, the CPHO has the legislated authority to communicate directly with Canadians and to prepare and publish reports on any public health issue. He is also required to submit to the Minister of Health an annual report on the state of public health in Canada, which is tabled in Parliament.

Role of the Public Health Agency of Canada

The role of the Public Health Agency of Canada can be summed up as follows:

- To be a leader in the prevention of disease and injury and the promotion of health;
- To provide a clear focal point for federal leadership and accountability in managing public health emergencies;
- To serve as a central point for sharing Canada's expertise with the rest of the world and applying international research and development to Canada's public health programs; and

- To strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

Organizational Information

The Agency is **mandated** to work in collaboration with its partners to lead federal efforts and to mobilize pan-Canadian action in preventing disease and injury, and to promote and protect national and international public health by:

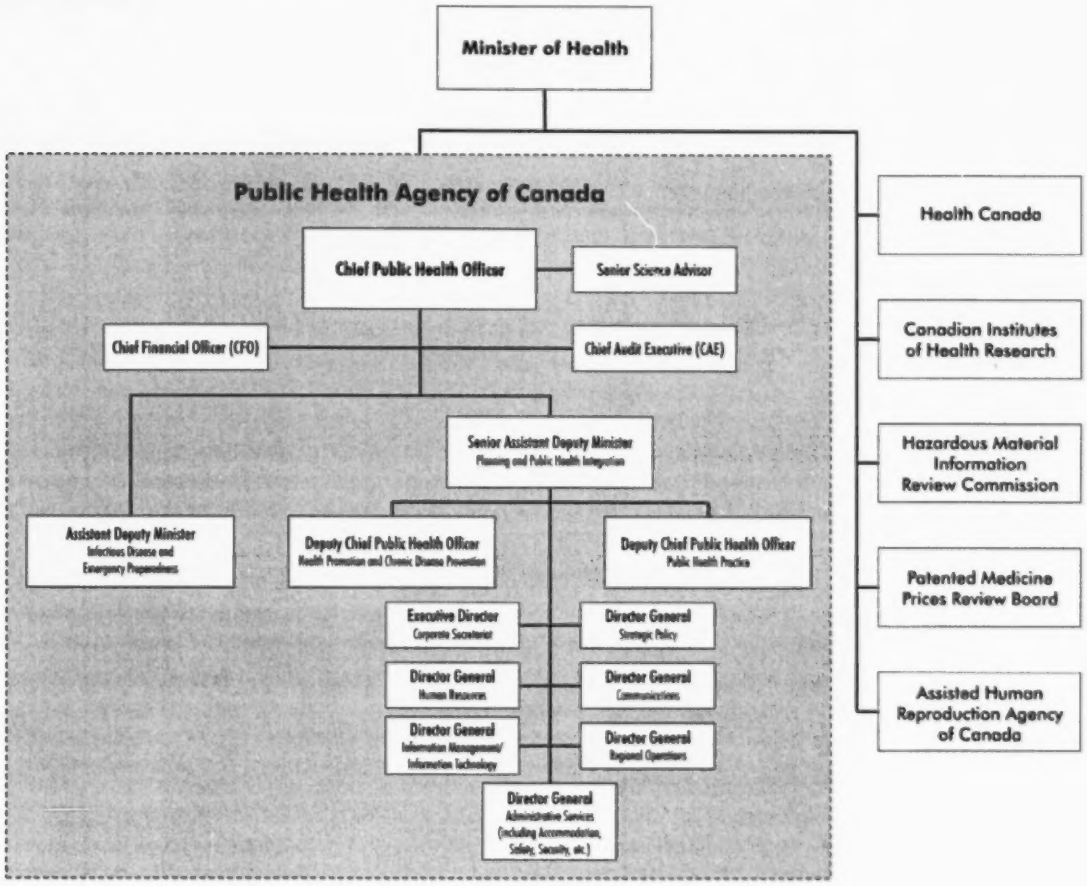
- Anticipating, preparing for, responding to and recovering from threats to public health;
- Carrying out surveillance of, monitoring, researching, investigating and reporting on diseases, injuries, other preventable health risks and their determinants, and the general state of public health in Canada and internationally;
- Using the best available evidence and tools to advise and support public health stakeholders nationally and internationally as they work to enhance the health of their communities;
- Providing public health information, advice and leadership to Canadians and stakeholders; and
- Building and sustaining a public health network with stakeholders.

The Agency at a Glance

Type of Organization	Federal Agency funded by Parliament
Mission	To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health
Vision	Healthy Canadians and communities in a healthier world
Strategic Outcome	Healthier Canadians, reduced health disparities, and a stronger public health capacity
Government of Canada Outcomes Directly Supported	Healthy Canadians Safe and secure communities
Enabling legislation	*Public Health Agency of Canada Act*
Acts and Regulations Administered	*The Quarantine Act* The Importation of Human Pathogen Regulations
Program Activities	Health Promotion Chronic Disease Prevention and Control Infectious Disease Prevention and Control Emergency Preparedness and Response Strengthen Public Health Capacity
Reporting to Parliament	The Agency reports to Parliament through the Minister of Health The CPHO is to submit a report to the Minister on the state of public health in Canada

Organizational Structure

The following organization chart depicts how the Agency is structured within the Federal Health Portfolio.



Operations Across Canada

To maintain the knowledge and skills needed to develop and deliver the public health advice and tools required by Canadians, the Agency calls upon the efforts of public health professionals, scientists, researchers, technicians, communicators, administrators, and policy analysts and planners. These employees work across Canada in a wide range of operational, scientific, technical and administrative positions.

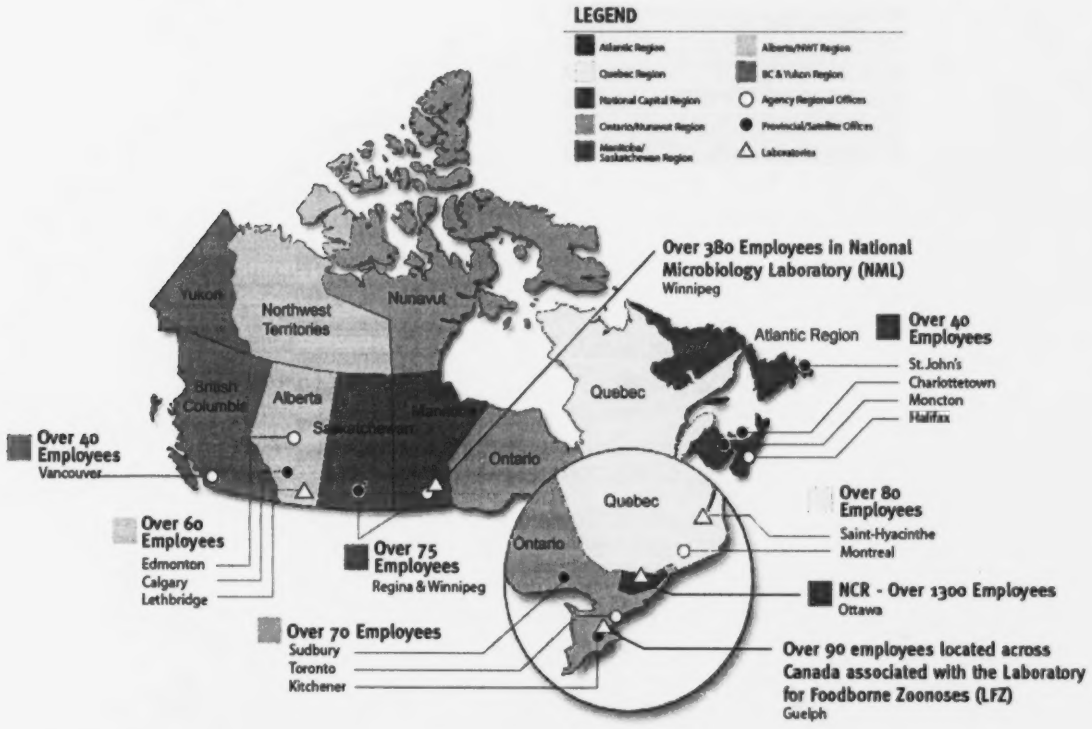
The largest concentration of employees is in the National Capital Region. The head office in Winnipeg forms a second pillar of expertise. In times of a national health emergency, the Emergency Operations Centres (EOC), based both in Ottawa and Winnipeg, can be utilized to manage the crisis.

The Public Health Agency of Canada recognizes the need to have a strong presence throughout the country to connect with Provincial Territorial (P/T) governments, federal departments, academia, voluntary organizations and citizens. Outside of Winnipeg and the National Capital Region, the Agency's Canada-wide infrastructure consists of sixteen locations in six Regions: British Columbia and Yukon,

Alberta and Northwest Territories, Manitoba and Saskatchewan, Ontario and Nunavut, Quebec, and Atlantic. Some Agency programs are delivered to the Yukon, Nunavut and the Northwest Territories through Health Canada's Northern Region office under an interdepartmental agreement.

The Agency operates specialized research laboratories in several locations across Canada. The Canadian Science Centre for Human and Animal Health in Winnipeg houses the Agency's state-of-the-art National Microbiology Laboratory which is one of the world's high containment research laboratories. The Agency's Laboratory for Foodborne Zoonoses, which studies the risks to human health from diseases arising from the interface between animals, humans and the environment, is headquartered in Guelph, Ontario and maintains units in Saint Hyacinthe, Quebec and Lethbridge, Alberta.

The following map shows where the Agency's staff, offices and laboratories are located (employee numbers are as of March 31, 2007):



Evolution of the Agency's Strategic Outcome and Program Activity Architecture

A government-wide process to facilitate the full implementation of the Government of Canada's *Management, Resources and Results Structure Policy* took place starting in 2006-2007 and continued in 2007-2008. As part of this process the Agency reviewed and restructured its Program Activity Architecture (PAA). Changes to the Strategic Outcome (SO) and Program Activity Architecture were approved by the Treasury Board on May 31, 2007, and come into effect on April 1, 2008.

Strategic Outcome and Program Activity Architecture Crosswalk

	2007-08	2008-09
Strategic Outcome (SO)	Healthier Canadians and a stronger public health capacity	Healthier Canadians, reduced health disparities, and a stronger public health capacity
Program Activities (PA)	Health Promotion	Health Promotion
	Disease Prevention and Control	Chronic Disease Prevention and Control Infectious Disease Prevention and Control
	Emergency Preparedness and Response	Emergency Preparedness and Response
	Strengthen Public Health Capacity	Strengthen Public Health Capacity
	Program Management and Support	Internal Services
Sub and Sub Sub Activities (SA and SSA)	18 Sub Activities 0 Sub Sub Activities	22 Sub Activities 6 Sub Sub Activities

Notable changes include:

- The Strategic Outcome is now **Healthier Canadians, reduced health disparities, and a stronger public health capacity.** The phrase "reduced disparities" was added to reflect the potential benefits to all Canadians by addressing disparities in health.
- For greater accountability, the Disease Prevention and Control Program Activity (PA) was divided into a PA for Chronic Disease Prevention and Control and a PA for Infectious Disease Prevention and Control.
- Refinements were also made to the sub activity and sub sub-activity levels of the Program Activity Architecture. Also, the name of the PA for Program Management and Support was changed to Internal Services to be consistent with Treasury Board guidelines.

Financial Crosswalk of Program Activities

Main Estimates 2007-08						
(millions)	(New) Health Promotion	(New) Chronic Disease Prevention and Control	(New) Infectious Disease Prevention and Control	(New) Emergency Preparedness and Response	(New) Strengthen Public Health Capacity	Total
(Old) Health Promotion	186.4	-	-	-	-	**186.4**
(Old) Disease Prevention and Control	-	70.8	229.7	-	-	**300.5**
(Old) Emergency Preparedness and Response	-	-	-	115.8	-	**115.8**
(Old) Strengthen Public Health Capacity	-	-	-	-	55.6	**55.6**
Total	**186.4**	**70.8**	**229.7**	**115.8**	**55.6**	**658.3**

Voted and Statutory Items displayed in the Main Estimates (in millions of dollars)

Vote or Statutory Item	Truncated Vote or Statutory Wording	2008-09 Main Estimates	2007-08 Main Estimates
40 *	Operating expenditures	**360.5**	438.4
45 *	Grants and contributions	**199.6**	189.3
(S)	Contributions to employee benefit plans	**30.4**	30.6
	Total – Agency	**590.5**	658.3

* In 2007-2008, Vote 40 and Vote 45 were numbered Vote 35 and Vote 40 respectively.

The decrease of $77.9 million in Vote 40 between the 2007-2008 and the 2008-2009 Main Estimates is mainly attributable to reduced requirements for preparedness for avian and pandemic influenza (-$82.8M) offset by funding received for the renewal of the Hepatitis C Prevention, Support and Research Program ($4.7M) and incremental funding in support of the Integrated Strategy on Healthy Living and Chronic Disease ($4.7M), and the Federal Initiative to address HIV/AIDS in Canada ($3.9M), the Expenditure Review Committee (ERC) reduction announced in Budget 2007 (-$2.9M) and the transfer to Western Economic Diversification Canada (WEDC) for the InterVac project in Saskatoon (-$3.0M).

The increase of $10.3 million in Vote 45 is mainly attributable to the renewal of the Hepatitis C Prevention, Support and Research Program ($4.9M) and incremental funding in support of the Integrated Strategy on Healthy Living and Chronic Disease ($3.8M), and the Federal Initiative to address HIV/AIDS in Canada ($3.6M).

Refer to the table on "Departmental Planned Spending and Full-Time Equivalents" for additional details regarding variances in planned spending.

Departmental Planned Spending Table and Full Time Equivalents

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Health Promotion	186.4	**203.5**	200.8	197.3
Chronic Disease Prevention and Control	70.8	**69.0**	69.0	69.0
Infectious Disease Prevention and Control	229.7	**234.9**	275.6	239.0
Emergency Preparedness and Response	115.9	**39.1**	39.1	39.1
Strengthen Public Health Capacity	55.6	**44.1**	44.8	45.2
Budgetary Main Estimates (gross)	658.4	**590.6**	629.3	589.6
Less: Respendable revenue	(0.1)	**(0.1)**	(0.1)	(0.1)
Total Main Estimates	658.3	**590.5**	629.2	589.5
Adjustments				
Supplementary Estimates (A):				
Funding related to the renewal of the Hepatitis C Prevention, Support and Research Program	9.7			
Funding related to government advertising programs (*horizontal item*)	2.2			
Funding to the Canadian MedicAlert Foundation to assist the "No Child Without" Program	2.0			
Funding for risk assessments and targeted research in the area of Bovine Spongiform Encephalopathy (BSE)	0.8			
Funding to prepare for Canada's participation in International Polar Year 2007-2008, an extensive international research program in the Arctic and Antarctic (*horizontal item*)	0.4			
Funding support of the Federal Accountability Act to evaluate all ongoing grant and contribution programs every five years (*horizontal item*)	0.2			
Spending authorities available within the Vote	(0.3)			
Transfer from Health – To adjust for the allocation of resources following the transfer of the control and supervision of the Population and Public Health Branch	0.6			
Transfer from National Defence – For public security initiatives (*horizontal item*)	0.4			
Transfer from Health – To support the Canadian Health Services Research Foundation's Community Health Nursing Study	0.1			
Transfer from the Royal Canadian Mounted Police – For the initial planning related to policing and security for the 2010 Olympic and Paralympic Winter Games	0.1			

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Transfer to Citizenship and Immigration – To support the Centres for Excellence in fostering and funding policy research related to immigration, integration and diversity (Metropolis Project)	(0.1)			
Transfer to Human Resources and Skills Development – To support the development of an Atlas on Country Resources for Intellectual Disabilities	(0.1)			
Transfer to the Canadian Institutes for Health Research – To fund health services and health population research relevant to the surveillance of diabetes	(0.2)			
Transfer to the Canadian Institutes for Health Research – To fund influenza research to strengthen Canada's pandemic preparedness capacity	(0.4)			
Transfer to Western Economic Diversification – For the design and construction of the International Vaccine Centre's (InterVac) Biosafety Level III Containment Facility in Saskatoon (*horizontal item*)	(3.0)			
Total, Supplementary Estimates (A)	12.4			
Supplementary Estimates (B):				
Transfer to National Defence – To fund public security initiatives (*horizontal item*)	(0.3)			
Transfer to Canadian Institutes for Health Research – To fund Hepatitis C specific interdisciplinary training programs	(0.3)			
Transfer to Health – To fund the Science Library Network	(0.3)			
Transfer to Canadian Institutes for Health Research – To fund Pandemic Influenza Research	(0.6)			
Total, Supplementary Estimates (B)	(1.5)			
Other adjustments:				
Expected year end lapse for funding reprofiled to subsequent years	(40.1)			
Funds available internally from savings and other surpluses	(15.6)			
Transfer from Treasury Board Vote 22 for Operating budget carry forward	14.8			
Transfer from Treasury Board Vote 15 for collective bargaining agreement	1.5			
Employee Benefit Plan (EBP)	1.0			
Transfer from Treasury Board Vote 10 for allocation of ongoing incremental funding in support of the new requirements of the (2006) Policy on Internal Audit	0.3			
2010 Vancouver Winter Olympics		**0.1**	3.4	

($ millions)	Forecast Spending 2007-08	Planned Spending 2008-09	Planned Spending 2009-10	Planned Spending 2010-11
Total, Other adjustments	(38.1)	0.1	3.4	
Total Adjustments	(27.2)	0.1	3.4	0.0
Total Planned Spending	631.1	590.6	632.6	589.5
Plus: Cost of services received without charge (1)	25.8	28.7	27.9	27.5
Total Departmental Spending	656.9	619.3	660.5	617.0
Full-Time Equivalents	2 376	2 452	2 463	2 449

1. Services without charge include accommodations provided by Public Works and Government Services Canada, contributions concerning the employer's share of employee's insurance premiums and expenditures paid by Treasury Board of Canada Secretariat (TBS) and salary and associated expenditures of legal services provided by the Department of Justice Canada.

The planned spending for 2007-2008 mainly represents funding received in Main Estimates and in Supplementary Estimates (A) and (B), adjusted to include employee benefit plans and anticipated surpluses.

Supplementary Estimates (B) are anticipated to be tabled in Parliament in February 2008.

The net decrease of $40.5 million between the total planned spending for 2007-2008 and 2008-2009 is mainly due to: reduced requirements for Preparedness for Avian and Pandemic Influenza (-$57.5M); funding received in 2007-2008 as a result of the 2006-2007 operating budget carry-forward exercise (-$14.8M) and for a one-time grant to the Canadian MedicAlert Foundation (-$2.0M) not required in 2008-2009; the sunsetting of funding in support of five-year projects under the Agriculture Policy Framework (-$1.4M) and three-year Genomics Research and Development projects (-$1.5M); reduction in employee benefit plans (-$2.9M); and Expenditure Review Committee (ERC) reduction announced in Budget 2007 (-$2.9M).

These reductions are offset by increases due to: forecasted internally generated savings ($15.6M), incremental funding for the Integrated Strategy on Healthy Living and Chronic Disease ($8.8M), and the Federal Initiative to address HIV/AIDS in Canada ($7.6M), the development and testing of a mock pandemic vaccine ($5.4M), the acquisition and retrofit of the Ward (Logan) Laboratory in Winnipeg ($3.5M), and the Canadian HIV Vaccine Initiative ($1.2M).

The increase of $42.0 million between the total planned spending from 2008-2009 and 2009-2010 is mainly due to funding received, which is to be transferred to provinces and territories under the Hepatitis C Health Care Services Program ($49.7M), for the Canadian HIV Vaccine Initiative ($8.5M), Preparedness for Avian and Pandemic Influenza ($4.3M), and for new funding related to the 2010 Vancouver Winter Olympics ($3.3M). These increases are offset by reduced funding for the maintenance of the National Antiviral Stockpile (-$12.6M), Preparedness for Avian and Pandemic Influenza ($-6.4M), the Ward (Logan) laboratory Project in Winnipeg (-$2.0M), and the sunset of the 2008 advertising plan (-$2.7M).

The decrease of $43.1 million between the total planned spending from 2009-2010 to 2010-2011 is mainly due to reduced funding for the Hepatitis C Health Care Services Program (-$49.7M), and the First Nations and Inuit Health Programming (-$4.9M), reduced funding related to the 2010 Vancouver Winter Olympics (-$3.4M), offset by increases related to the Ward Laboratory Project in Winnipeg ($10.7M), the end of a three-year agreement for the InterVac project in Saskatoon ($3.0M), and incremental funding for Preparedness for Avian and Pandemic Influenza ($0.9M) and the Canadian HIV Vaccines Initiative ($0.3M).

Summary Information

Financial Resources (in millions of dollars)

2008-09	2009-10	2010-11
590.6	632.6	589.5

Human Resources (FTEs)

2008-09	2009-10	2010-11
2 452	2 463	2 449

Plans and Priorities

Strategic Context

Public health focuses on the entire population at both the individual and the community level. It encompasses a range of activities performed by all three levels of government in collaboration with a wide variety of stakeholders and communities across the country. Public health plays a key role in preparedness and planning for crises such as an influenza pandemic. It also includes day-to-day activities, such as immunization campaigns, nutrition counselling and restaurant inspections, which require policy, scientific and analytical support (e.g. laboratory research and analysis, epidemiology, surveillance, and knowledge translation).

Demographics

Changing demographics are an important factor in Canada. As noted in the 2006 Census, Canada has the highest rate of population growth in the G8, with the majority of this growth coming from immigration. As well, due to a combination of low birth rates and longer life spans, the age of Canada's population continues to increase. In the next 10 years, Canadians over age 65 will outnumber those under age 15. However, the exception to these demographics changes has been Canada's Aboriginal peoples. While the majority of this population lives in urban settings, over a third still resides in isolated, poorly serviced communities with few economic opportunities. While the Aboriginal population is younger and faster growing than the rest of the Canadian population, it also faces a number of specific health problems. All of these changes will have significant impacts in the incidence and distribution of many diseases and injuries, and will place increasing pressures on Canada's health system.

Environment

Canadians are increasingly recognizing the linkages between health and the environment, not only in areas such as the effects of toxins and pollutants, but also the impacts of climate change and the trade-offs involved in sustainable development. Growing populations are placing an increased pressure on the environment globally while, in Canada, greater urbanization brings with it increased demands for energy, land and other resources, as well as increased concentrations of toxins and pollutants.

Science and Technology

The rate of scientific discovery and technological innovation has increased dramatically in the past decade, but the impact on the health sector has been mixed. On one hand, advances in treatment and care offer new opportunities to address illness and improve health. On the other hand, these advances have increased the cost pressures on Canada's already stressed health system.

Globalization

Globalization has already had a profound impact on public health in Canada. The vast increase in the volume and speed of trade and travel has brought significant economic benefits to Canadians, while making available a greater range of consumer products and foods.

However, there are challenges that exist. Over the past 30 years, health in Canada and in other migrant-receiving nations has been increasingly influenced by human migration. Migration represents one way in which globalization has meant a greater risk from infectious disease, increasing both the likelihood of an outbreak and the speed of its transmission. Keeping pace with the demands of a global economy has meant greater time pressures for Canadian families, along with a proliferation of convenience foods and reduced time for physical activity. As well, globalization has had a major effect in the area of health security, as the free movement of people and ideas has also facilitated the export of instability and violence, bringing threats to the health and safety of Canadians. And while the risk of a health emergency remains low, the impact of an event, whether natural or man-made, could be catastrophic.

Infectious Disease

In addition, globalization has had profound and multiple implications for Canada. The increase in the speed and volume of global transportation places Canadians within 24 hours of almost any other place in the world. Recent events have highlighted the precarious nature of the current infectious disease landscape, increasing the need for national approaches to the global issue of disease transmission and infection control, as evidenced by avian influenza outbreaks in various parts of the world, outbreaks of methicillin-resistant *Staphylococcus aureus* (MRSA) in neonatal intensive care units, *C. difficile* in hospitals, and the development of extensively drug resistant tuberculosis and other infectious diseases in the community setting.

Trends and Burden of Chronic Diseases in Canada

The increasing burden of chronic diseases is significant, both globally and in Canada. A number of specific trends are contributing to the incidence and prevalence of chronic diseases and the ability to address them through health promotion and chronic disease prevention efforts.

In 2004, 82% of all deaths in Canada were the result of chronic diseases, including cancer, cardiovascular disease and diabetes, with about 184 000 Canadians losing their lives to these diseases. At the same time, the rate of obesity, an important risk factor for diabetes, heart disease, stroke and some cancers, is growing worldwide, leading to significant increases in heart disease and other major causes of death. With respect to mental illness, 11% of (or 2.7 million) Canadians have mood disorder, anxiety disorder or substance dependence. According to year 2000 data, the estimated economic burden of the major chronic diseases in Canada (diabetes, cancer, cardiovascular disease, musculoskeletal, neurodegenerative and respiratory diseases) was $108 billion.

Among the trends contributing to the overall growing social and economic burden of chronic disease are an ageing Canadian population, escalating rates of overweight and obesity among children, youth and adults, and increasing health inequalities, particularly among certain vulnerable or at-risk populations.

Determinants of Health and Health Inequalities

Decades of research demonstrates that for population health gains to be achieved, interventions must address the underlying factors and conditions that lead to poor health and health inequalities. At every stage of life, health is determined by complex interactions between the social, physical and economic environments in which people live. Differences in how people experience these determinants of health lead to health inequalities.

Canadians have been among the healthiest people in the world, but if inequalities in health outcomes are not addressed, this status will be difficult to maintain in the future. Major health-related inequalities in Canada are related to factors such as socio-economic status, Aboriginal heritage, gender, immigrant status and geographic location. To effectively address the root causes of health inequalities and the health issues to which they contribute, public health has a critical leadership role to play in coordinating the efforts of and collaborating with a range of other relevant sectors.

Public Health Capacity

One of the most significant challenges facing all governments is the traditionally weak and limited public health capacity in Canada. Gaps in this capacity have been identified by governments, and were highlighted by the events of the SARS outbreak of 2003. Although improvements have been made since that time, there remains a lack of qualified public health professionals across Canada, gaps in systems for communications and information-sharing, and uneven resources and capacity across jurisdictions.

These are only a few of the most significant issues that the Agency's activities must be able to respond to while continuing to fulfill its mandate to promote and protect public health.

Building on Success

The Public Health Agency of Canada will continue to meet its responsibilities in providing federal leadership in public health, building domestic and international partnerships to improve health outcomes and building capacity and expertise to meet new challenges that threaten the health of Canadians. Recognizing that the public health system is a jigsaw puzzle where all of the pieces need to fit together, the Agency's focus for the next three years will be on developing and delivering integrated approaches that cross sectors and jurisdictions. This will help to promote health, to prevent and control infectious and chronic diseases and injuries, to prepare for and respond to public health emergencies, and to develop public health capacity in a manner consistent with a shared understanding of the determinants of health and of the common factors that maintain health or lead to disease and injury.

The Agency's Priorities

1. To develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease.

   The Agency will develop proposals to achieve a more integrated and coordinated approach to managing infectious disease and to improving the health status of those who become infected. This will be done by assessing national capacity to prevent, reduce and control infectious disease, greater integration of policy, research, surveillance and program interventions, and more effective and efficient use of resources expended to improve health outcomes.

2. To develop, enhance and implement integrated and disease- or condition-specific strategies and programs to promote health and prevent and control chronic disease and injury.

   Promoting health and addressing the risk factors and underlying determinants leading to chronic disease will significantly change the health and well-being of Canadians over the long term. Planned initiatives aim at improved overall health for Canadians, a reduction of medical wait times, a lower number of Canadians who develop chronic diseases, and a better quality of life and fewer complications for Canadians living with chronic diseases, using an appropriate mix of interventions.

3. To increase Canada's preparedness for, and ability to respond to, public health emergencies, including pandemic influenza.

   The Agency's activities continue to take an all-hazards approach that encompasses emergency medical response to infectious disease outbreaks, natural disasters, explosions or chemical, biological or radiological/nuclear incidents. As a member of the Global Health Security Initiative, the Agency is committed to a resilient and effective national health emergency management system and to advancing work, globally and within Canada, on infectious disease outbreaks and pandemic influenza preparedness. Initiatives being put in place with P/T governments will facilitate mutual assistance and information exchanges during public health emergencies.

4. To strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity.

   Building on initial successes such as the establishment of the Pan-Canadian Public Health Network, the Agency will continue to work closely and cooperatively with all of its partners toward a seamless and comprehensive pan-Canadian public health system. Through partnerships and initiatives at the local, regional, national and international levels, and with the help of the National Collaborating Centres for Public Health, the Agency will support public health professionals and stakeholders in their efforts to keep pace with rapidly evolving conditions, knowledge and practices. The Agency will also assist in strengthening the public health workforce.

5. To lead several government-wide efforts to advance action on the determinants of health.

   While recognizing the many influences that lie within the purview of other departments, jurisdictions and sectors, the Agency, as a credible voice for public health, will continue to advocate for healthy public policy, using its knowledge and understanding of the factors that affect the health of communities and individuals. The Agency continues to strengthen its partnerships to help address the factors that lead to disparities in health status. The Agency will continue to take a broad, determinants-of-health approach in making tangible progress on the Health Goals for Canada.

6. To develop and enhance the Agency's internal capacity to meet its mandate.

   Over the planning period, the Agency will create a framework for results, with a view to providing Canadians with the best guidance and information on what it is trying to achieve, as well as supporting the federal government's sustainable development initiative. The Agency has reviewed its Program Activity Architecture and has developed a draft performance measurement framework and associated governance structure. The Agency continues work on its corporate risk profile, which will include risk mitigation and risk management strategies, and will respond to increasing requirements for transparency by undertaking strategic and integrated business and human resource planning processes. During the reporting period the Agency will continue to address capacity issues related to delivering on and supporting day-to-day business, clarifying its roles, further developing its Winnipeg headquarters and its vitally important network of regional offices, and expanding its world-class laboratory capacity.

In summary, these initiatives will further the ability of the Government of Canada to address Canadians' concerns that their health system be adaptable, responsive to emerging threats, and able to meet their needs. The Public Health Agency of Canada will work toward meeting the demand for an integrated health system that places an emphasis on promotion and prevention over the full range of the determinants of health, while providing treatment and care. To this end, the Agency will work strategically with key partners – such as provinces, territories, international institutions and stakeholders within and beyond the health sector – whose cooperation is fundamental to the achievement of its mandate.

Section II – Analysis of Program Activities by Strategic Outcome

Health Promotion and Chronic Disease Prevention and Control

Efforts are being made to improve the health of all Canadians, in order to reduce or manage risk factors, such as physical inactivity, unhealthy eating, and unhealthy weights, that can often prevent or delay the onset of chronic diseases, such as cancer, cardiovascular disease and diabetes, and so reduce the number of Canadians waiting for treatment for these diseases. However, a balanced approach must be taken from health promotion, through chronic disease prevention, to early detection and effective chronic disease management, if the overall burden on the health system is to be reduced. Within this balanced approach, significant effort needs to be directed towards addressing the underlying societal factors that contribute to health and impede progress on the major preventable chronic diseases and conditions, for example, obesity. Intervention at multiple entry points and levels is needed to address the complexity and underlying determinants of these public health issues, to slow and reverse chronic disease trends in Canada.

Program Activity – Health Promotion

Financial Resources (in millions of dollars)

2008-09	2009-10	2010-11
203.5	200.8	197.3

Human Resources (FTEs)

2008-09	2009-10	2010-11
543	542	530

The decrease of $2.7 million between 2008-2009 and 2009-2010 reflects the end of the 2008 advertising plan.

The decrease of $3.4 million between 2009-2010 and 2010-2011 is mainly due to the sunsetting of five-year funding received for the First Nations and Inuit Health Programming (-$4.9M), offset by the end of the agreement with Western Economic Diversification Canada for the InterVac project ($1.2M);

Health promotion is the process of enabling people to increase control over their health and its determinants, thereby improving their health. In its health promotion activities, the Agency takes a population health approach, recognizing that health promotion must address broader determinants if it is to have an impact on improving Canadians' health outcomes. The Agency's health promotion activities focus on: the expansion of knowledge and evidence, including surveillance activities; policy leadership; the provision of relevant public information; increasing national and international community capacity; and fostering collaboration among sectors and across jurisdictions. The Population Health Promotion Expert Group, which reports to the F/P/T Public Health Network Council, is an important collaborative mechanism that will continue to be utilized to deliver on the Agency's health promotion priorities.

The Agency's Priorities

- Health promotion initiatives contribute to these Agency priorities 2, 4 and 5 (see Section I – Overview – The Agency's Priorities).

Healthy Living

The Agency's healthy living activities are focused on promoting physical activity, healthy eating and healthy weights. Physical inactivity, poor nutrition and their adverse health effects represent a growing global health crisis and an increasing burden on public health systems in Canada and worldwide. Due to its prevalence, physical inactivity is the largest contributor to ill health and chronic disease in Canada.

The framework for the Agency's work on healthy living is the Healthy Living and Chronic Disease initiative, which among other objectives, provides the federal contribution to the delivery of the Federal, Provincial, Territorial (F/P/T) Integrated Pan-Canadian Healthy Living Strategy. The vision of the federal Healthy Living and Chronic Disease initiative is to promote a comprehensive approach across a range of public health activities including the promotion of health, and the prevention, management and control of chronic health problems, with a view to building a healthier nation, decreasing health disparities, and contributing to the sustainability of the health system in Canada.

Focus for the RPP Reporting Period:

- National policy leadership: The Agency will continue to lead the development and implementation of evidence-based policy that promotes physical activity and healthy eating, working collaboratively with federal partners, provinces and territories and a range of other stakeholders.
- Knowledge development and exchange: The Agency will continue to develop knowledge and undertake relevant assessment activities, including best practices assessment, pilot and demonstration projects and evaluation protocols. Existing initiatives include the *F/P/T Physical Activity Benchmarking and Monitoring Program*, including Canada's first-ever national effort to objectively measure physical activity levels and patterns among children and youth, labeled the CAN PLAY survey. It also includes building the capacity of the Canadian Community Health Survey (Cycle 2.2 of the report) to focus on gathering information about Canadians' nutrition habits, and supporting a comprehensive literature review of nutrition policies, programs and strategies. In addition, the Agency will partner with the scientific community to support a comprehensive review of national physical activity guidelines, including recommendations for updating them to reflect emerging knowledge of how much physical activity is required to achieve health benefits.
- Engaging national stakeholders and provincial and territorial governments: In 2007, the Government of Canada announced a federal investment of $5.4 million over two years for 14 projects to be undertaken by non-government organizations. During the reporting period, these projects will provide innovative approaches to increasing physical activity and healthy living among Canadians including youth, families, and individuals with disabilities. In 2008-2009, funding will also be provided to build partnerships through collaborative action on issues of common interest among F/P/T governments. Collaboration among these governments and their partners will continue to be facilitated by the Healthy Living Issue Group within the Public Health Network. In addition, as a member of the Joint Consortium for School Health, the Agency will continue working with provinces and territories to facilitate a comprehensive and coordinated approach to school health.
- Promoting and communicating the benefits of healthy living: The Agency will continue to support ParticipACTION's national public awareness campaign which targets all Canadians, with an emphasis on parents and youth, inspiring them to move more. Through the Summer Active and Winter Active Programs, the Agency and its P/T partners will continue to provide Canadians with tips, tools and information about physical activity and healthy lifestyles.

Childhood and Adolescence

The Agency's efforts aimed at supporting improved health outcomes for children and youth in Canada will continue to focus on the following key areas:

- National health surveillance: The Agency manages national collaborative surveillance programs that are critical to building evidence on and increasing understanding of maternal and child health in Canada. In 2008, the Agency will release the 2008 edition of the Canadian Perinatal Surveillance System's *Canadian Perinatal Health Report*, a comprehensive report on 29 indicators of maternal, fetal and infant health. The analysis of the first-ever *Canadian Maternity Experiences Survey* will be finalized and released. The Agency will continue its work with national Aboriginal organizations, Health Canada and other partners to improve First Nations, Inuit and Métis infant mortality data for Canada. The Agency will continue to collaborate with the Canadian Paediatric Society on the Canadian Paediatric Surveillance Program to monitor and report on childhood health conditions that are relatively rare but are nevertheless of public health importance. Through the *Health Behaviour in School-Aged Children Study*, the Agency will continue to develop knowledge regarding the health of children and adolescents. This Study is an international, school-based survey conducted in collaboration with the World Health Organization's (WHO) Regional Office for Europe. Conducted every four years, the survey will continue to monitor changes in health behaviours of youth aged 11 to 15 years, as well as the impact that certain settings and conditions may have on risk-taking behaviours and health outcomes.
- Community support and capacity building: The Agency will continue to advance the use of evidence-based practice and the generation of practice-based evidence through the design and support of community interventions, including the Canada Prenatal Nutrition Program, the Community Action Program for Children and Aboriginal Head Start in Urban and Northern Communities. These programs are aimed at addressing the complex factors experienced by vulnerable children and families living in conditions of risk and include efforts to enhance the readiness of Aboriginal children to learn; the health of pregnant women and their infants; and the parental capacity of those with children experiencing social, emotional or behavioural problems, for example.
- Disease prevention and control: Through the Fetal Alcohol Spectrum Disorder Initiative, the Agency will continue to work to prevent future births of those affected by alcohol and to improve outcomes for individuals and families already affected. This work includes collaboration with health professionals, partners across the federal government and other jurisdictions, and involves developing tools and resources for screening, diagnosis and intervention, as part of a surveillance platform. In 2008-2009, the Agency will also work collaboratively with the WHO to develop a Policy Framework for the Prevention of Chronic Diseases in Schools. The Framework is meant to assist member states in developing policies and programs that promote healthy eating and increase levels of physical activity among children and youth in the school setting.
- Promotion of children's rights: On behalf of the Minister of Health, the Agency co-leads, with the Department of Justice, the federal government's efforts on matters concerning the United Nations *Convention on the Rights of the Child*. Through its collaboration with the Inter-American Children's Institute, a special institute of the Organization of American States, the Agency will continue to work with the Canadian International Development Agency to contribute to the implementation of the Convention throughout the Americas.

Injury Prevention

Preventing injuries contributes to a healthier society, reduces health care utilization and therefore contributes to shorter wait times. The Agency will continue to work with injury and violence prevention stakeholders on a range of activities to address this important public health issue as well as continue to conduct surveillance of unintentional child injury and child abuse and neglect. The Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP), which the Agency carries out in partnership with 14 hospitals across the country, will maintain data collection and dissemination of information to support child injury prevention and safety promotion. The Agency will enter into the pre-data collection phase for the third cycle of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008). The CIS provides estimates of the national incidence of child maltreatment investigated by child welfare services and information about the circumstances of the affected children and their families, using the population health approach. Other surveillance efforts include the continuation of an interactive Web site that provides current Canadian injury data, entitled Injury Surveillance On-Line (http://dsol-smed.hc-sc.gc.ca/dsol-smed/is-sb/index_e.html).

In addition, the Agency will continue to lead and coordinate the Family Violence Initiative (FVI), a partnership of 15 federal departments, agencies and crown corporations and to operate the National Clearinghouse on Family Violence on behalf of the Initiative (www.phac-aspc.gc.ca). Through the National Clearinghouse and other mechanisms, the FVI develops knowledge and promotes public awareness of the risk factors of family violence, fosters collaboration and provides opportunities for the joint action to address issues, such as child maltreatment, intimate partner violence and the abuse of older adults. Over the three-year planning period, the Agency will continue to play a central role in knowledge and policy development, research and information dissemination in this area.

Aging and Seniors

The aging of the Canadian population has serious public health implications. Evidence shows that health promotion and disease prevention strategies can help those who are aging well, those with chronic conditions and those who are at risk for serious problems even very late in life. The Agency is the federal government's centre of expertise and focal point on seniors' health, and provides leadership through policy development, knowledge development and exchange, and community-based interventions and partnerships. Its efforts are focused on four main areas: emergency preparedness, active aging, injury prevention, and mental health. During the reporting period, the Agency will also continue to identify key policy options to address gaps and encourage use of better practices and opportunities for further collaborative action across jurisdictions.

Focus for the RPP Reporting Period:

- Support to the National Seniors Council: Collaborate with and bring a public health lens to the work of the National Seniors Council, which was established to advise the Government of Canada on all matters related to the health, well-being and quality of life of seniors, and to report to the Minister of Human Resources and Social Development and the Minister of Health.
- Enhancement of emergency management: Work to more fully integrate the needs of seniors into emergency management, including, developing a common understanding of current evidence and the status of seniors with regard to emergency planning activities in Canada and internationally. This work, which is being coordinated with F/P/T governments, as well as the WHO and other key stakeholders, will strengthen policies and operational protocols aimed at maintaining the health and safety of older people in emergencies of all types, including specifically infectious disease outbreaks and extreme weather events associated with climate change. Work in this area

can be used by others to develop a framework on resiliency to address the needs of other vulnerable groups such as persons with disabilities and children and youth.

- Promotion of Age-Friendly Communities: Advance the application of the Age-Friendly Communities guides. These guides, recently developed by the Agency and its partners, are practical tools based on concrete indicators of age-friendly communities designed to increase awareness of local needs and gaps and provide suggestions for improvements to catalyze community development leading to more age-friendly environments.

Emerging Priorities

Mental Health

Mental illness is considered one of the most significant public health challenges of the 21st century. According to the WHO, depression will rank second only to heart disease as the leading cause of disability worldwide by 2020. One in five Canadians will experience a mental illness in their lifetime, while nearly one million live with a severe or persistent mental illness. During the planning period, the Agency will continue to advance mental health promotion, mental illness prevention and related issues including supporting the work of the Mental Health Commission, collaborating across governments and examining the workplace as a key venue for addressing mental health and mental illness.

Focus for the RPP Reporting Period:

- Knowledge Development and Exchange: Continue to improve the understanding of underlying risk factors surrounding mental health and mental illness and prevalence levels in various settings, recognizing that knowledge development and exchange is the foundation for the development of effective services and resources for Canadians leading to improved mental health outcomes.
- Influencing policy and demonstrating federal leadership: Support the work of the F/P/T Advisory Network on Mental Health and build linkages between this group, the Mental Health Commission of Canada and the Joint Consortium on School Health.
- Promoting and communicating the benefits of positive mental health: Continue to increase awareness and understanding of the benefits of positive mental health for Canadians of all ages and in all spheres of life, including work, play, learning and living generally.

Leadership on the Determinants of Health

The Agency will continue to lead national efforts to advance action on the determinants of health. Taking leadership means strengthening the Agency's work in the area of reducing health inequalities, enhancing partnerships within and across other government departments, jurisdictions, and sectors (including non-government organizations and the private sector) to address the underlying determinants of health. Such action is critical to achieving health gains and reducing the social and economic impacts of health inequalities. Through the development of new knowledge, strategic partnerships and intersectoral policy initiatives, the Agency is contributing to a better understanding of the ways in which the determinants of health can be more effectively addressed within and outside of the health sector.

The Agency has made an effective contribution to the WHO Commission on Social Determinants of Health (CSDH). Canada's support for knowledge networks on early child development, the impact of globalization on health and health systems has successfully advanced global knowledge in these areas. In addition, the new knowledge and evidence produced by the Commission overall will be instrumental in advancing policy and action to address the Social Determinants of Health in Canada. A key component

of the Agency's work with the WHO CSDH is providing leadership and support to the Canadian Reference Group on Social Determinants of Health (CRG), with its mandate to provide advice, facilitate initiatives that fill gaps, and engage non-government stakeholders.

Focus for the RPP Reporting Period:

- The Agency will finalize development of a strategic action plan to guide the Health Portfolio in an intersectoral federal government approach to address the determinants of health. To support this work, partnerships and initiatives with the Canadian Institutes of Health Research (CIHR) and other governmental and non-governmental stakeholders will be strengthened, with the objective of significantly advancing knowledge on evidence-based and innovative approaches to address health inequalities.
- The Agency will also further its engagement with the Conference Board of Canada's Roundtable on Socio-Economic Determinants of Health, which serves as a forum for collaborative efforts with the private sector, other federal departments, provincial health and non-health ministries and NGOs.
- The Agency will ensure appropriate follow-up to the report and recommendations of the WHO CSDH, within Canada and multi-laterally.
- The Agency will continue to lead and facilitate the work of the CRG, including efforts to engage with civil society organizations, collaborate with Aboriginal organizations to identify the specific determinants of Aboriginal Peoples' health, to disseminate its analysis of case studies on intersectoral action in Canada, and to explore the economic impacts of investments in the social determinants of health.
- The Agency is partnering with the WHO on global initiatives to explore intersectoral action and integrated policy mechanisms for health. The experience of 20 countries will be analyzed to identify learnings and considerations to ensure effective approaches in working across sectors to improve health outcomes by addressing the determinants of health.
- The Agency will also continue to work with other partners in WHO countries such as the public health institutions in the United Kingdom, Sweden, Chile and Brazil, and international organizations such as the European Commission and the Organization for Economic Cooperation and Development (OECD) to better understand the economic consequences of health inequalities and to collaborate in policy analysis and reviews on issues of common concern.
- The Agency has created an Innovations and Learnings Strategy (ILS) that will:
    - develop and test innovative policy and initiatives, analyze promising approaches, and contribute to learning opportunities that will facilitate collective action within and external to the health sector, to address the determinants of health and reduction of health inequalities; and
    - further the evidence base necessary to incorporate leading edge knowledge into policies and actions of the Agency, to deliver on the priorities of the Agency's Strategic Plan.

Strategic Issues

Overweight and Obesity

Obesity has emerged as a significant public health challenge with major health, economic and social implications. At present, approximately 25 percent of all children and youth and more than half of all adults in Canada are classified as overweight or obese. Moreover, overweight and obesity incidence and prevalence rates are projected to escalate in coming years. To date, federal health promotion and disease prevention approaches with obesity-related elements have not been effective in counteracting the complex societal conditions that have contributed to escalating overweight and obesity trends.

A new comprehensive approach will comprise multi-sectoral policies and interventions that address the underlying societal causes of overweight and obesity, as well as approaches to enhance treatment and support options for Canadians who are overweight and obese. In addition, a framework will be developed to support a coherent and complementary approach with existing obesity-related health promotion and chronic disease prevention strategies and initiatives.

Focus for the RPP Reporting Period:

- Building a Federal Plan of Action on Overweight and Obesity will initiate a process of incremental change founded on an evidence-based policy approach for sustainable, long-term action to address the underlying causes of overweight and obesity in Canadian society.
- The Federal Plan will be structured around a set of strategic actions that will be initiated in the following areas:
    - developing evidence-based cross-sectoral policies and interventions;
    - undertaking collaborative, multi-sectoral policy and intervention research and evaluation;
    - funding innovative policy and initiatives;
    - participating in international collaboration on policy research and development; and
    - developing the Agency's capacity for policy observatory and monitoring functions, and a technical advisory role at the federal level.
- To address the challenge and complexity of obesity, the Agency will work with key stakeholders to show federal leadership in developing a comprehensive policy approach, aimed initially to continue action toward containing, and ultimately reversing, the rising overweight and obesity rates in Canada.
- The Public Health Agency of Canada will engage other federal government departments (e.g. Finance Canada, Transport Canada, Infrastructure Canada, Canada Mortgage and Housing Corporation, Agriculture and Agri-Food Canada, Human Resources and Social Development Canada, and Indian and Northern Affairs Canada) with the objective of harnessing the range of policy levers and capacity available at the federal level.

Stakeholder engagement strategies will reach beyond the federal family to establish partnerships with, and facilitate action by, other levels of government, the private-sector, and international and non-governmental organizations.

Program Activity – Chronic Disease Prevention and Control

Financial Resources (in millions of dollars)

2008-09	2009-10	2010-11
69.0	69.0	69.0

Human Resources (FTEs)

2008-09	2009-10	2010-11
288	288	288

Working in cooperation with regional, P/T, national and international governments and stakeholders (including NGOs), the Agency provides national population health assessment and surveillance in relation to chronic diseases. It also provides leadership and expertise in the development and implementation of pan-Canadian chronic disease prevention and control strategies. Chronic diseases are among the most common, preventable and costly health problems facing Canadians.

The Agency's Priorities:

- Chronic Disease Prevention and Control initiatives contribute to priorities 2 and 4 (see Section I – Overview – The Agency's Priorities).

Platforms for Chronic Disease Prevention, Early Detection and Management

The Agency provides leadership, expertise and support to develop and implement pan-Canadian chronic disease prevention and control initiatives. By creating public health platforms that engage and support provinces, territories and stakeholders, the Agency promotes health, contributes to chronic disease prevention and risk reduction, and facilitates efforts to improve early detection and management of chronic disease.

Chronic disease and risk factor surveillance support the Minister's responsibility to be vigilant of the health of Canadians and contribute to Canada's capacity to measure progress on chronic disease prevention and control. Knowledge Development, Exchange and Transfer (KDET) support public health practitioners and decision makers by making known "what works best" so that it can be put into practice. Through international collaboration, effective public health solutions are understood and shared globally.

Enhanced Surveillance for Chronic Disease

Surveillance information on chronic diseases, their risk factors and determinants, and their impact and outcomes, is needed to plan, implement, and assess chronic disease prevention and control programs, policies and services. Surveillance is the tracking and forecasting of health events through the ongoing collection, integration, analysis, and interpretation of data, and the dissemination of information to public health planners and policy makers resulting in public health action.

The Agency is working with F/P/T partners to enhance chronic disease surveillance, which will increase access to and use of surveillance information, expand data sources, and improve the planning, coordination and evaluation of surveillance activities. This approach supports evidence-based decision-making on health promotion and chronic disease prevention and control.

Focus for the RPP Reporting Period:

- Build on existing web-based surveillance tools in order to support ongoing and timely access by public health professionals and planners to chronic disease health statistics and indicators.
- Develop methodologies for sentinel surveillance of chronic diseases in clinical or primary care settings in order to use local data to estimate potentially broader national chronic disease trends.
- Determine approaches to regional risk factor surveillance that could potentially be used for national risk factor surveillance.
- Complete the next step in the expansion of the National Diabetes Surveillance System, by determining case definitions and compiling preliminary P/T health administrative data on one or more chronic diseases, such as hypertension, cardiovascular disease, respiratory disease, arthritis and mental illness.

Observatory of Best Practices in Chronic Disease Prevention and Health Promotion

The Agency continues to develop the Observatory of Best Practices to identify best practices for population-based chronic disease interventions and disseminate this information. The Canadian Best Practices Portal, launched in November 2006, offers an online database of evidence-based best practices for health promotion and chronic disease prevention (http://cbpp-pcpe.phac-aspc.gc.ca/). The Agency continues to support the revitalization of the Canadian Task Force on Preventive Health Care (http://www.ctfphc.org) and to combine this renewal with broader efforts for knowledge development, exchange and transfer.

Focus for the RPP Reporting Period:

- Develop the methodology for determining "promising practices" (interventions which have positive results, but do not have the same level of evidence as best practices) and begin establishing a promising practices collection.
- Populate the Best Practices Portal with new best practice interventions in priority areas including mental health, obesity, determinants of health, and interventions that utilize multiple approaches.

Demonstration Projects for Chronic Disease Prevention

Knowledge development and exchange support the application in practice of effective chronic disease prevention approaches. The Agency is facilitating provinces and territories in their efforts to enhance this capacity in their chronic disease programs by supporting and assessing the demonstration site components of P/T Chronic disease prevention initiatives.

By applying standard scientific assessment techniques to each provincial or territorial project, program comparisons will advance understanding of the factors that result in greatest impact.

Focus for the RPP Reporting Period:

- Initiate at least three new demonstration projects.
- Work with provinces and territories to collaboratively develop improved common assessment mechanisms so they can learn from each other.

International Initiatives

Through its WHO Collaborating Centre on Chronic, Non-communicable Disease (CNCD) Policy, the Agency contributes to the strengthening of the global response to chronic diseases and to the development and implementation of chronic disease prevention policy in Canada, the Americas and Europe. The WHO Collaborating Centre maintains an ongoing commitment of technical support for CNCD policy analysis to the WHO Country-wide Integrated Non-Communicable Disease Intervention (CINDI) program in Canada and Europe, and to the PAHO-CARMEN program, its equivalent in the Americas. The Collaborating Centre is co-sponsoring, with the Pan-American Health Organization (PAHO), the development of a Chronic, Non-Communicable Disease Observatory of Policy Development and Implementation Processes in Latin America.

Focus for the RPP Reporting Period:

- Continue to coordinate an international policy working group on non-communicable disease policy. In this regard, it is providing technical support to the uptake of the European Strategy for the Prevention and Control of Chronic Disease as well as PAHO Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Disease.
- Support the development of consultations and case studies on chronic disease policy in a number of countries in Europe and in the Americas that are participating in the WHO regional networks of CARMEN and CINDI.
- Provide technical assistance to PAHO and heads of government of the Caribbean region in their effort to address their growing burden of chronic disease, by facilitating the implementation of some of the elements of the Declaration of Port-Of-Spain (September 2007) and in developing a model based on their experience, which could be used by other sub-regions in the Americas.

Diabetes

Through the Healthy Living and Chronic Disease initiative, the Canadian Diabetes Strategy focuses on preventing diabetes and its implications through action on risk factors, early detection and management of diabetes.

Approximately 2 million Canadians of all ages live with either type 1 or 2 diabetes and many more adults are unaware that they have the disease. As the Canadian population ages and rates of obesity rise, the prevalence of type 2 diabetes is expected to continue to increase. The evidence shows that a substantial proportion of cases of type 2 diabetes, the predominant type, can be prevented or delayed through targeted and sustained efforts to improve lifestyles among high-risk populations. Obesity, poor diet and physical inactivity are significant risks for diabetes.

The Canadian Diabetes Strategy targets populations at higher risk of developing diabetes, especially those who are overweight, obese or have pre-diabetes. Other target populations include individuals who are over age 40, have high blood pressure and high cholesterol or other fats in the blood (e.g. triglycerides), have a family history of diabetes, or are members of high-risk ethnic populations.

One of the priorities for this period will be the Diabetes Policy Review announced in October 2006. The review of the Canadian Diabetes Strategy will help ensure that government policies and programs meet the needs of Canadians living with diabetes and those at risk of developing the disease.

Focus for the RPP Reporting Period:

- Support P/T and stakeholder efforts through grants and contributions for:
  - community-based programs that target those at high risk, the early detection of type 2 diabetes and the management of type 1 and 2 diabetes; and
  - knowledge, development, exchange and transfer projects that focus on diabetes risk assessment, as well as the identification and dissemination of effective prevention and management interventions, such as studies of cost-effectiveness and pre-diabetes screening pilots.
- Publish an annual diabetes highlights report including the addition of 10 year forecasts for the prevalence of diabetes;
- Plan for the 2009 International Diabetes Federation 20th World Diabetes Congress to be held in Montreal;
- Support the work of the Diabetes Policy Review independent expert panel;
- Support activities linked to the prevention of obesity, a main risk factor for diabetes;
- Conduct synthesis of evidence and development related to marketing to children; and
- Enhance the ability to track obesity risk in infants and young children, support the revision of the 2004 Canadian Growth Monitoring guidelines in light of the new 2006 WHO Growth Standards for infants and children, through the work of an advisory committee composed of key partners.

Cancer

The Agency's cancer program includes the Healthy Living and Chronic Disease Initiative cancer component, the Canadian Breast Cancer Initiative, and the Canadian Strategy for Cancer Control. The Healthy Living and Chronic Disease initiative supports cancer surveillance, screening, risk analysis and community-based programming. The Canadian Breast Cancer Initiative supports breast cancer research, prevention, early detection and quality screening, surveillance and monitoring, treatment and care enhancements, and community capacity building.

In November 2006, the Government announced the creation of the Canadian Partnership Against Cancer (CPAC), an independent, not-for-profit corporation which brings together cancer survivors, experts and government representatives from across the country. Of the $260 million/five years budgeted for the Canadian Strategy for Cancer Control, the Agency will receive $1 million per year over five years. This will be used to support links between the CPAC's knowledge translation activities and other cancer portfolio members, and to promote international activities and federal leadership on cancer.

It is estimated that more than 159 900 Canadians were diagnosed with cancer and 72 700 died from the disease in 2007[1]. The increased number of new cases of cancer is primarily due to a growing and aging population. By 2020, population aging is expected to contribute to more than double the number of new cases of cancer in Canada. Mortality rates have declined for all cancers combined and for most types of cancer in both sexes since 1994. Exceptions are lung cancer in females and liver cancer in males.

In Canada, 1 in 9 women will develop breast cancer in her lifetime, and 1 in 27 will die from it.[2] Breast cancer is the most frequently diagnosed type of cancer in Canadian women. By monitoring and evaluating

[1] Canadian Cancer Society and National Cancer Institute of Canada. *Canadian Cancer Statistics 2007*, p. 12.

[2] Canadian Cancer Society and National Cancer Institute of Canada. *Canadian Cancer Statistics 2007*, p. 70.

organized breast cancer screening programs in the country, it is possible to promote high-quality screening, leading to reductions in breast cancer mortality and morbidity.

Close to 1 300 children and adolescents are diagnosed with cancer every year in Canada, of which 210 die from their disease.[3] Prevention activities targeting high-risk individuals can significantly reduce the number of new cases of cancer, although risk factors, detection, and management issues specific to this disease remain.

Focus for the RPP Reporting Period:

- Work with the new CPAC to implement the Canadian Strategy for Cancer Control (CSCC), in particular, collaborate on cancer surveillance.
- Work to link the Agency's other cancer programs to CPAC's efforts on the CSCC and with international organizations, such as the WHO, Pan-American Health Organization (PAHO), and the International Cancer Control Congress.
- Work with the National Cancer Institute of Canada (NCIC), the Canadian Cancer Society and Statistics Canada to publish *Canadian Cancer Statistics,* an annual publication distributed across the country.
- Work with P/T cancer registry staff to include data on cancer stage and benign brain tumours in each cancer registry and work with the Métis Nation in Ontario, Manitoba, Saskatchewan, Alberta, and British Columbia to establish a linkage between the Métis Nation cancer data and the P/T administrative health databases (e.g. hospitalization, physician billing).
- As part of the Canadian Childhood Cancer Surveillance and Control Program, produce a report entitled *Treatment and Outcomes for Childhood Cancer in Canada, 1995 to 2000* (winter/spring 2008), and revise the on-line data management and entry system for national childhood cancer surveillance.
- Continue risk assessment and knowledge transfer in the areas of risk factors and determinants, lifestyle, environment and socio-demographic factors associated with cancer.
- Enhance and develop cancer community-based programming and capacity building among Aboriginal, seniors, and childhood cancer organizations.
- Work with stakeholders through the Cervical Cancer Prevention and Control Network on issues such as prevention of Human Papilloma Virus (HPV) infection, and population screening to reduce the morbidity and mortality related to cervical cancer.
- Support the ongoing work of the Canadian Breast Cancer Initiative (CBCI) including professional education, early detection programs, and access to information. Support the Canadian Breast Cancer Research Alliance in its new strategic alignment, as the research component of CBCI. Also, continue to manage and maintain the Canadian Breast Cancer Screening Database, which facilitates the monitoring and evaluation of organized breast cancer screening programs across Canada, and publish the associated biannual national performance report.

Cardiovascular Disease

Through the Healthy Living and Chronic Disease initiatives, Cardiovascular disease (CVD) investments focus on a pan-Canadian cardiovascular policy framework in collaboration with stakeholders.

[3] Canadian Cancer Society and National Cancer Institute of Canada. *Canadian Cancer Statistics 2007,* p. 67

Cardiovascular disease is the leading cause of death in Canada. Heart disease and stroke also put the greatest economic burden on our health care system, accounting for over $20 billion annually in direct and indirect costs ($12 billion among men and $8.2 billion among women). Cardiovascular disease is linked to several risk factors including hypertension, diabetes, obesity and tobacco use. Out of 10 Canadians, 8 have at least one risk factor for cardiovascular disease, and 1 in 10 has three risk factors or more.

In October 2006, the Health Minister announced the creation of a Canadian Heart Health Strategy and Action Plan (CHHS-AP) to develop a comprehensive plan for the prevention and treatment of heart disease.

In 2008-2009, a priority will be to continue supporting the development of the Pan-Canadian cardiovascular disease policy framework in collaboration with stakeholders. The policy framework and action plan will inform both integrated and cardiovascular disease-specific future federal investments. Until collaborative priority setting is undertaken through the CHHS-AP development process, federal cardiovascular investments will focus on hypertension, a recognized cardiovascular risk factor and the development of cardiovascular disease surveillance. Subsequently, implementation in other areas, informed by the collaborative action plan, will begin.

Focus for the RPP Reporting Period:

- Support development of the CHHS-AP.
- Disseminate and promote an updated comprehensive surveillance report on cardiovascular disease in Canada.
- Develop the methodology for a national survey on hypertension and pilot a survey module, in collaboration with Statistics Canada, who will collect data on, for example, knowledge, attitudes and behaviours, and compliance with lifestyle and medication advice.
- Participate with the Agency's partners such as Blood Pressure Canada and the Heart and Stroke Foundation, in measures to reduce sodium intake and hypertension in Canada.
- Work with Blood Pressure Canada, the Canadian Hypertension Education Program, the Heart and Stroke Foundation of Canada and the Canadian Hypertension Society to support projects that facilitate blood pressure reduction strategies through surveillance, knowledge development, exchange and transfer, and evaluation of blood pressure and sodium reduction best practices.

Emerging Priorities in Chronic Disease Prevention and Control

The Agency monitors and responds to emerging priorities related to public health and chronic diseases, such as obesity and respiratory diseases. In 2008-2009, the Agency's focus for emerging priorities will be:

Respiratory Disease/Lung Health

Over 3 million Canadians are affected by five serious respiratory diseases - asthma, Chronic Obstructive Pulmonary Disease (COPD), lung cancer, tuberculosis and cystic fibrosis. Respiratory diseases, including lung cancer, are the third leading cause of death, responsible for 17.6% of deaths among men and 15.3% of deaths in women.

In Canada, it is now estimated that one in five people has a breathing problem. In particular, we are seeing increased prevalence of asthma – 2.7 million Canadians now have this disease, which affects over 15% of children and over 8% of adults.

The Agency is collaborating with the Canadian Lung Association and stakeholders from across Canada to develop a coordinated action plan – the National Lung Health Framework – to help prevent and manage respiratory diseases.

Focus for the RPP Reporting Period:

- In 2008-2009, the Agency's focus for Lung Health will be to finalize the Lung Health Framework.

Arthritis/Musculoskeletal

From 2000 to 2005, the number of Canadians diagnosed with arthritis increased from 3.9 to 4.4 million; 60% of cases were women and three out of five Canadians with arthritis were under 65 years of age. Arthritis ranks second and third among the most commonly reported chronic conditions in women and men, respectively. In 1998, musculoskeletal conditions, including arthritis, were the category of diseases with the second highest estimated economic burden in Canada at $16.4 billion.

Focus for the RPP Reporting Period:

- In 2008-2009, the Agency will produce, disseminate, and promote a comprehensive surveillance report on arthritis incorporating the most recent data on the disease burden, risk factors, disability and quality of life impacts, mortality, hospitalization, joint replacements, waiting times for joint replacements, as well as disease disability.

Obesity/Overweight

The overarching framework being built around the federal plan of action on overweight and obesity, referred to in the Health Promotion Program Activity, will support a coherent and complementary approach to addressing the issue by ensuring the links between comprehensive policy development, new approaches, and existing obesity-related health promotion and chronic disease prevention actions, strategies and initiatives. Intervention at multiple entry points and levels is needed to address the complexity of the issue and continue action towards slowing and reversing overweight and obesity trends in Canada.

The Agency's ongoing obesity surveillance and knowledge, development, exchange and transfer activities aim to support the reduction of the preventable chronic disease burden in Canada by advancing knowledge of the underlying societal determinants of obesity and informing the understanding of promising interventions.

Surveillance of Chronic Diseases of Increasing Importance

The impact of some common chronic diseases is growing and putting an increasing strain on the health care system. In order to better understand and plan for future disease prevention and management, the Agency will explore approaches to gaps in the surveillance of chronic diseases such as autism. This will include collaboration with Statistics Canada to develop a supplement to the Canadian Community Health Survey to survey chronic respiratory disease, arthritis and musculoskeletal disease, mental illness and neurological conditions.

Program Activity – Infectious Disease Prevention and Control

Financial Resources (in millions of dollars)

2008-09	2009-10	2010-11
234.9	275.6	239.0

Human Resources (FTEs)

2008-09	2009-10	2010-11
1 101	1 109	1 107

The increase of $40.7 million between 2008-2009 and 2009-2010 is mainly due to funding received for the Hepatitis C Health Care Services Program and the Canadian HIV Vaccine Initiative; offset by incremental funding for Preparedness for Avian and Pandemic Influenza.

The decrease of $36.6 million between 2009-2010 and 2010-2011 is mainly due to the sunsetting of funding received for Hepatitis C Health Care Services Program offset by incremental funding for the Ward (Logan) Laboratory project in Winnipeg.

The program promotes improved health for Canadians in the area of infectious diseases through public health actions including surveillance and epidemiology, risk management, public health policy development, and prevention and care programs. This program is necessary as infectious diseases require national attention and national efforts given their current and potential impact on the health of Canadians and the Canadian health care system, and also because new, existing, or re-emerging infectious diseases can pose a serious threat to the health and socio-economic well-being of Canadians.

The Agency's Priorities:

- Infectious Disease Prevention and Control initiatives contribute to the following Agency priorities 1, 3 and 4 (see Section I – Overview – The Agency's Priorities).

HIV/AIDS

The program promotes prevention and access to diagnosis, care, treatment and support for those populations most affected by the HIV/AIDS epidemic in Canada - people living with HIV/AIDS, gay men, Aboriginal people, people who use injection drugs, inmates, youth, women, and people from countries where HIV is endemic. It also supports multi-sectoral partnerships to address the determinants of health. The program includes surveillance, knowledge development, partnership and community programming, laboratory sciences, health promotion, capacity building, policy development, leadership and coordination, social marketing and HIV vaccine development.

The number of Canadians living with HIV was estimated to be 58 000 in 2005, an increase of 16% from 2002 estimates. About 27% of these individuals were unaware of their infection at the end of 2005. This means that at the end of 2005 there were an estimated 15 800 infected individuals who had not had the opportunity to take advantage of available treatment strategies or appropriate counseling to prevent the further spread of HIV.

The Agency has the lead for federal action on the prevention of HIV/AIDS in Canada with key partners as outlined in "Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)". The Agency is responsible for overall coordination of the Federal Initiative to Address HIV/AIDS in Canada, a

framework for renewing and strengthening the federal role in the Canadian response to HIV/AIDS, and for the Canadian HIV Vaccine Initiative (CHVI).

The Federal Initiative is a partnership among the Public Health Agency of Canada, Health Canada, the CIHR and Correctional Service Canada. Through the Federal Initiative, the Agency supports activities that will prevent new HIV infections, slow the progression of HIV/AIDS, improve the quality of life for affected people, reduce the social and economic impact of the disease, and contribute to the global efforts against the epidemic.

The Canadian HIV Vaccine Initiative is a collaborative undertaking between the Government of Canada and the Bill and Melinda Gates Foundation to contribute to the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine. Participating federal departments and agencies include the Public Health Agency of Canada, Industry Canada, Health Canada, the Canadian Institutes of Health Research, and the Canadian International Development Agency. In support of the CHVI, the Agency supports activities that increase pilot scale manufacturing capacity for HIV vaccine clinical trial lots, strengthens policy approaches for HIV vaccines and promotes the community and social aspects of HIV vaccine research and delivery, and ensures horizontal collaboration within the CHVI and with domestic and international stakeholders.

What's New:

Over the next three years, the Agency will work towards delivering on key policy and program initiatives to further the new Canadian HIV/AIDS Vaccine Initiative by:

- Conducting an open and transparent selection process for a not-for-profit corporation to build and operate a pilot scale HIV vaccines manufacturing facility for clinical trial lots in Canada as well as begin construction of the facility. This initiative will strengthen the global capacity to manufacture promising HIV vaccines candidates;
- Convening international policy dialogues addressing barriers to HIV vaccines research and development. This initiative will improve domestic and international policy development models, capacity and tools to address HIV vaccine related issues; and
- Developing and implementing a new HIV Vaccine Community Engagement Funding Program in partnership with Health Canada. This initiative will engage communities meaningfully in all aspects of HIV vaccines on all aspects of the HIV vaccine continuum.

As well, the Agency will provide secretariat support services to ensure an integrated delivery of CHVI policies, programs and initiatives with domestic and international linkages, including:

- Managing and supporting the CHVI governance and accountability structures, including the CHVI Director General Steering Committee and multi-stakeholder advisory committees/expert working groups;
- Coordinating day-to-day communications for the CHVI including the establishment and maintenance of a website;
- Liaising with domestic and international stakeholders; and
- Leading the evaluation process design and conducting a mid-term evaluation of the CHVI in 2009-2010.

Focus for the RPP Reporting Period:

Through the ongoing Federal Initiative to Address HIV/AIDS in Canada, the Agency will:

- Advance knowledge of the factors that contribute to the spread of HIV infection through:
    - Augmented HIV and risk behaviour surveillance;
    - Targeted epidemiologic studies and development of programs for at-risk populations;
    - Enhanced HIV laboratory reference services;
    - Improved knowledge and characterization of the transmission of drug-resistant HIV in Canada;
    - The development of HIV/AIDS status reports to provide an overview of current surveillance data, research and current responses and identify emerging issues and gaps for Aboriginal peoples, gay men, people who use injection drugs, youth at risk, women at risk, people living with HIV/AIDS, people from countries where HIV/AIDS is endemic and prison inmates. These reports will guide research, policy and program development and front-line interventions;
    - The development of a national policy framework for HIV prevention, in partnership with others, outlining the key principles, policy and programmatic responses of a comprehensive national HIV prevention response; and
    - The implementation of a national HIV/AIDS social marketing campaign to expand and improve Canadian's knowledge of HIV/AIDS, to address community and societal attitudes, and to reduce discrimination.
- Increase evidence-based public health action on HIV/AIDS through:
    - The development of a national framework for HIV/AIDS research planning and knowledge transfer;
    - Implementation of knowledge transfer mechanisms such as a national HIV/AIDS knowledge broker;
    - Support for demonstration projects that share best practice front-line interventions;
    - An impact evaluation for the Federal Initiative;
    - The development of a framework, in collaboration with provinces and territories, that will assist all jurisdictions in making decisions regarding HIV testing policies. This framework will be based on informed consent, counselling, and confidentiality. It will address a range of issues, such as testing during pregnancy, testing of marginalized groups, ethical and human rights considerations and ways to increase the proportion of people who know their HIV status;
    - Development of knowledge and evidence-based guidelines with respect to the use of pre- and post-exposure prophylaxis as a means of prevention; and
    - Development and updating of guidelines on the care and management of HIV.

- Continue to support its existing committees on:
    - The Federal/Provincial/Territorial Advisory Committee on AIDS;
    - The Government of Canada Assistant Deputy Ministers Committee on HIV/AIDS;
    - The National Aboriginal Council on HIV/AIDS (NACHA);
    - The Ministerial Council on HIV/AIDS; and
    - The Leading Together Championing Committee.
- Support programs that focus on HIV prevention, and improve access to more effective care, treatment and support for people living with HIV/AIDS;
- Increase public awareness of HIV/AIDS and factors that fuel the epidemic, such as discrimination, through support for targeted social marketing campaigns for populations most affected by HIV/AIDS;
- Engage other federal departments in addressing factors that influence the determinants of health, such as housing and poverty;
- Provide policy and technical expertise to increase Canadian participation in the global response to HIV/AIDS; and
- Integrate, when appropriate, HIV/AIDS programs and services with those addressing other related diseases, such as sexually transmitted infections (STIs) and Hepatitis B and C (HBV and HCV).

Pandemic and Avian Influenza Preparedness and Response

The program provides avian and pandemic influenza preparedness and response measures to help ensure the health and safety of Canadians, to assist in mitigating potential social and economic disruption, and to support large-scale improvements to the Canadian public health system. Activities include the maintenance of the Canadian Pandemic Influenza Plan for the Health Sector (CPIP); developing and maintaining domestic pandemic vaccine production capacity; production and testing of a prototype pandemic vaccine; establishing an adequate reserve of antiviral medication; monitoring, detecting, and reporting unusual respiratory illnesses; strengthening collaboration with P/T and international governments, pandemic influenza research activities; providing technical support and expertise on human health issues related to avian influenza; and partnership with national and international organizations to strengthen surveillance, laboratory capacity, emergency preparedness and communications.

What's New:

To ensure a timely, efficient and appropriate response by the Government of Canada during a pandemic, the following measures are part of a $1 billion initiative to address significant pandemic issues. These issues include:

- An improved federal capacity for mathematical modelling, statistical analysis, and operations research on pandemic influenza issues will allow a better understanding of the spread of influenza and the effect of epidemics or pandemics on Canadians. This will allow for more timely and evidence-based decision making on public health responses.
- Enhanced surveillance for avian influenza virus in live and dead wild birds.
- Continue current monitoring and emergency planning for avian influenza in partnership with Canadian Food Inspection Agency (CFIA) and P/T partners.

- Ensuring the safety of the blood supply and blood availability during a pandemic by developing an overall blood related "surveillance strategy" that will entail the management of a variety of information systems into a coherent, integrated, and coordinated approach.
- Identifying research priorities along with the mechanism to rapidly generate research findings and promote access to new knowledge.
- Ensuring continual human surveillance during a pandemic through the development of an updated and integrated electronic data management system for influenza surveillance over the next 2-5 years. There will also be an initiation of surveillance for severe respiratory infections in patients within hospitals participating in the Canadian Nosocomial Infections Surveillance Program.
- An antiviral reserve beyond the national antiviral stockpile will give the Government of Canada the flexibility to support the initial containment of a potential pandemic influenza outbreak and with a surge capacity to support P/T efforts against an outbreak or to provide appropriate protection to designated essential federal employees, therefore ensuring a more timely and effective response to a pandemic situation and better protection of Canadians.
- Advance the Public Health Agency of Canada's pandemic influenza risk communications strategy, which is built on seven pillars: research, public involvement, stakeholder outreach, public information/social marketing, web, media relations and internal communications.
- Support the development and testing of a coordinated North American approach on travel health advisories at all stages of the pandemic phase and monitor the distribution of travel health booklets in collaboration with the Department of Foreign Affairs and International Trade (DFAIT).

Through the Canadian Public Health Laboratory Network (CPHLN):

- Facilitate the coordination of laboratory infectious disease diagnosis and standardization best practices and processes among federal and provincial member laboratories; and
- Coordinate preparedness for bio-terror events in Canada, including the creation of the Canadian Laboratory Response Network, based on the United States LRN model.

Through work coordinated at the National Microbiology Laboratory (NML) and together with other federal and provincial public health laboratories, the Agency is demonstrating its continuing commitment to its pandemic preparedness by:

- Contributing to the overall prevention and control of influenza viruses;
- Enhancing national capacity for the detection and control of pandemic influenza viruses; and
- Limiting the emergence and transmission of drug-resistant influenza viruses.

Focus for the RPP Reporting Period:

- Provide updated, evidence-based recommendations on an ongoing basis to prevent, limit, contain, and/or control the spread of pandemic influenza in health care settings, including the revision of several annexes of the Canadian Pandemic Influenza Plan for the Health Sector as necessary.
- In December 2006, a revised version of the CPIP was published on the Agency's website. Revision of Annex F (*Infection Control and Occupational Health Guidelines during Pandemic Influenza in Traditional and Non-Traditional Health Care Settings)*, is slated for publication in the spring of 2008.

- To ensure updated, evidence-based recommendations on an ongoing basis to prevent, limit, contain, and/or control the spread of pandemic influenza in health care settings, the Agency will work with expert representatives from occupational health and safety, public health and infection control communities to revise *Annex F.* The Agency will also work towards evaluating and assessing recommendations on best personal protective equipment - work that is endorsed by the Public Health Network Council. In addition, the Infection Control Guideline Steering Committee issued an interim statement in May 2007, on the use of surgical masks and respirators (e.g. N95 NIOSH-approved respirator, appropriately fit-tested and fit-checked) for aerosol generating medical procedures performed on patients with suspected or known influenza caused by the pandemic strain.
- The NML will initiate a vaccine program dedicated to the development and testing of new influenza vaccines employing different platforms including one that was successfully utilized at NML for the development of highly promising candidate vaccines for Ebola, Marburg and Lassa hemorrhagic fever viruses.
- With respect to clinical trials on a H5N1 mock vaccine, using a pandemic vaccine produced in Canada, there are discussions underway with the manufacturer GlaxoSmithKline (GSK).
- As well, the Agency supports work on real-time vaccine safety and effectiveness through pilot studies during the regular annual influenza season to increase our capacity to gather knowledge and evidence for use during a pandemic. Results of the pilot studies in 2007-2008 will be available later in 2008.
- Construction has begun on the state-of-the art InterVac facility, in Saskatoon, Saskatchewan, designed for high-containment vaccine research.
- The national antiviral stockpile will be diversified to allow for antivirals for pregnant women and children. Antivirals are currently available in the stockpile for pregnant women, and pediatric antivirals will be available in 2008-2009.
- There will be an increase in the national antiviral stockpile to 55 million doses by 2008-2009, sufficient to treat 5.5 million Canadians (17.5% of the population) who could become ill during a pandemic.

The NML, through the CPHLN, is strengthening nation-wide public health laboratory capacity during a pandemic via the creation of the Pandemic Influenza Laboratory Preparedness Network (PILPN) which will:

- Identify and work to address gaps in public health capabilities, capacities, role clarification and collaborative opportunities as well as evaluating human resource capacities and pandemic testing methodologies; and
- Coordinate the deployment of federal Laboratory Liaison Technical Officers (LLTO) to the majority of P/T public health laboratories along with addressing issues of stockpiling emergency testing supplies and equipment.

With respect to the diagnosis and pathogenesis of respiratory viruses, the NML will:

- Further develop and validate new diagnostic tests for rapid molecular and serological typing of influenza A viruses;
- Carry out newly developed in-house testing to monitor emerging strains for resistance to current antiviral drugs;
- Evaluate and assist in influenza surveillance proficiency testing to support national quality assurance efforts; and

- Host additional influenza diagnostic laboratory training workshops for P/T clients, as demand requires.

The Emergency preparedness and response program aims at developing exercises to evaluate the capacity to respond to emergency situations. It provides appropriate ongoing training to public health emergency response personnel and procures supplies to adequately respond to emergencies including potential influenza pandemic.

Focus for the RPP Reporting Period:

- Plan, coordinate and carry out various exercises to test existing operational plans and enhance preparedness plans including the pandemic influenza plan.
- Procurement of supplies and expansion of antiviral including critical supplies (e.g. masks, gowns, body bags, pharmaceuticals, medical devices, etc.) will continue to be acquired.

Immunization and Respiratory Infections

The program seeks to reduce or eliminate vaccine-preventable diseases excluding pandemic influenza, reduce the negative impact of emerging and re-emerging respiratory infectious diseases and adverse events following immunization, and maintain public and professional confidence in immunization programs. This includes nationally coordinated surveillance, epidemiology, and research for vaccine-preventable and respiratory infectious diseases, implementation of the National Immunization Strategy (NIS), including immunization registry development, national goals and objectives, vaccine supply, vaccine safety, and public and professional education, enhancing preparedness, national and international collaboration, and developing guidelines and protocols.

What's New:

- Collaborative efforts with P/T governments, vaccine manufacturers, the public health community, and key stakeholders in the areas of immunizations and vaccines.
- Continue contributing to national and international efforts in reducing incidences or maintain elimination of viruses causing rash illnesses.
- Address gaps in surveillance of sexually-transmitted and vaccine-preventable diseases through improved diagnostic and detection methods as well as through expanded surveillance quality assurance and training programs.

Focus for the RPP Reporting Period:

Continue to strengthen Canada's ability to manage and respond to emerging and re-emerging infectious diseases and respiratory infections through the prevention, reduction or elimination of vaccine-preventable and infectious respiratory diseases. In addition, the Agency will continue to reduce the negative impact of these respiratory infections, and maintain public and professional confidence in immunization programs in Canada.

- In collaboration with P/T, develop national scientific and programmatic recommendations on new vaccines approved for use in Canada.
- The National Advisory Committee on Immunization will review and update the Canadian Immunization Guide.

- Ongoing evaluation of the NIS, including a plan for implementation of mid-term evaluation recommendations and ongoing monitoring of the components of the strategy.
- Review of international models for immunization programs to facilitate information exchange between Canadian (F/P/T) governments and other countries.
- Continue to work with Canada Health Infoway and the "Panorama" public health surveillance system to ensure that new and existing national standards for immunization registries are incorporated into the design of the system.
- In support of PAHO's Rubella Elimination Goal by 2010, establish a national Rubella Elimination Plan with a goal of strengthening policy and activities to maintain Canada's rubella and Congenital Rubella Syndrome elimination status. This will occur in 2008-2009.
- Continue to collaborate with P/Ts and government services to facilitate the purchase and distribution of vaccine while working towards a secure supply of vaccine in Canada.
- Continue regular nationally coordinated public education and communication strategies for reliable information on immunization. Develop multi-faceted education and training strategies for immunization providers to enhance knowledge and skills in immunization delivery.
- Enhancements to the Canadian Adverse Events Following Immunization Surveillance System through the F/P/T Vaccine Safety Network to enhance vigilance with monitoring and reporting of adverse events following immunization. Enhance vaccine safety capacity through a variety of mechanisms, such as harmonized and routine reporting mechanisms, networks and committees and improved communications.
- Enhance vaccine-preventable disease surveillance capacity; strengthen and coordinate surveillance systems and reporting mechanisms.
- Over the planning period, the Agency will be collaborating with internal and external partners to translate scientific and evidence-based knowledge on the HPV vaccine into a cervical cancer prevention program and policy recommendations.

Communicable Diseases and Infection Control

The program includes prevention, control, support and research activities aimed at addressing communicable diseases that can be acquired within the community or within health care settings, and any associated health risks and determinants. A specific component addresses communicable diseases at large, from an international and migration health perspective, as a cross-cutting issue for the Agency. Diseases include sexually transmitted diseases (STIs) or blood-borne infections (e.g. Hepatitis B and C, excluding HIV), tuberculosis, Creutzfeldt-Jakob, *C. difficile*, methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *enterococci* (VRE), and issues such as anti-microbial resistance, transplantation/transfusion transmitted injuries/ infections, and blood safety.

What's New:

- Modernize the Yellow Fever vaccination program in collaboration with provinces and territories in order to meet one of Canada's obligations under the revised International Health Regulations.
- Strengthen travel health communications and provide improved travel health information.
- Collaborate with WHO, PAHO and the Agency's technical program areas to monitor and assess global events that may impact the health of Canadians in order to provide timely travel health advisories.

- Work with other government departments, provinces and territories to implement a shared work plan to minimize the health risk to Canadians and newcomers related to immigration.
- Development of a sentinel surveillance system to measure the burden of HPV infection and baseline epidemiology as the HPV vaccine is introduced in Canada.
- Develop and implement standardized methods to electronically extract data from a sentinel network of primary care physicians and hospital emergency departments in diverse urban and rural locations.
- Develop an enhanced public health network for human prion diseases in Canada, incorporating the Canadian Creutzfeldt-Jakob Disease Surveillance System.
- Enhance surveillance capacity for Extreme Drug-Resistant Tuberculosis (XDR-TB) and work toward development of rapid testing methods.
- Contribute to the surveillance, detection and prevention of HPV infection through enhanced surveillance, detection and research activities.

Focus for the RPP Reporting Period:

- The Agency will continue efforts to support and facilitate the development, implementation and evaluation of strategies, programs, resources and tools that help Canadians to improve and maintain their sexual and reproductive health, including an STI pamphlet.
- Over the planning period - the re-development and re-launch of the Agency's *Canadian Guidelines for Sexual Health Education* will occur so that they can continue to be used as an up-to-date resource for health and educational organizations in developing new programs and curriculum or evaluating existing programs and curriculum.
- Develop an assessment model that incorporates a comprehensive set of sexual health indicators that will be used to assess the sexual health of Canadians across their lifespan.
- Identify "best practice" models of school-based curricula and research on sexual health promotion and the dissemination of these models to educators and policy makers.
- Educate the general public and health and education professionals on HPV, its associated diseases and vaccine, facilitated by consistent messaging with a national focus.
- Develop and disseminate policy documents that address sexual and reproductive health issues identified through the Enhanced Surveillance of Canadian Street Youth Study.
- Continue to work towards strengthening the knowledge and capacity of health care professionals for the prevention, diagnosis, and treatment of STIs.
- Continue to work in collaboration with the National Collaborating Centre for Infectious Diseases on initiatives for the promotion of sexual health.
- Ongoing collaborative efforts with F/P/T and regional government and non-governmental partners in the areas of STI surveillance and prevention in federal correctional facilities and behavioural research, and efforts to increase Canada's participation in sexual health promotion internationally.
- Continued monitoring of rates of a wide range of sexually transmitted and blood-borne infections through routine and enhanced surveillance, and continued work on the initiation of the sentinel surveillance projects for both HPV and antimicrobial resistant gonorrhea.
- Continued improvements to the quality and timeliness of existing routine surveillance systems with the development of national data standards for reportable STIs and Hepatitis B and C.

- Enhanced Surveillance of Canadian Street Youth will continue to provide a comprehensive picture of the health of Canadian street youth, including through surveillance related to risk factors for STIs and other determinants of health in this population.

To further assist the Agency in the area of communicable diseases, the NML will:

- Provide advanced laboratory reference services for hepatitis viruses and develop laboratory assays for identifying emerging pathogens with blood-borne potential. These include developing drug and vaccine resistant strains of Hepatitis B virus and ensuring that current test methods are able to detect potentially new mutant strains.
- Carry out phylogenetic analysis of strains of Hepatitis viruses (A, B, C, D) strains to track and determine the source of outbreaks and facilitate preventative interventions.
- Monitor the currently circulating strains of Hepatitis B and C viruses for the emergence of drug resistance, and monitor Hepatitis B viruses for immune resistance to vaccination and gamma-globulin therapy.
- Conduct research on the molecular identification and characterization of Hepatitis virus strains and carry out basic research into the pathogenesis and chronic persistence of Hepatitis C virus infections in order to understand how chronic infection leads to liver diseases, and to develop improved prevention or treatment therapies.

In addition the Agency will:

- Continue collaboration with the First Nations and Inuit Health Branch (Health Canada), Correctional Service Canada and the Canadian Institutes of Health Research.
- Engage and support the Agency's regional offices to strengthen and coordinate program activities.
- Support enhanced research and surveillance activities among vulnerable and at-risk populations in partnership with P/T governments.
- Promote peer-based education and awareness among at-risk and vulnerable populations.

Enhanced Hepatitis Strain Surveillance System and Canadian Needle Stick Surveillance Network

- Over the planning period, recruitment of additional sites to further strengthen data produced by Enhanced Hepatitis Strain Surveillance System (EHSSS) and Canadian Needle Stick Surveillance Network (CNSSN) and its use for infectious disease prevention and control activities. Data produced from the EHSSS and CNSSN will continue to be used to protect public health and for a number of regulatory (Health Canada)/public health policy (Agency) purposes.
- There will be ongoing identification of risks associated with specific technical/medical procedures, such as possible transmission of various infectious diseases. The Agency will also work to further advance information sharing and knowledge transfer for better scenario analysis and option development, to help risk assessment and risk communication as part of a sound risk management approach.
- Data from EHSSS and CNSSN will continue to be published in scientific journals and posted on the Agency's website.
- Due to the variability in the prevalence and incidence of HBV infection across Canada among the different subpopulations (e.g. immigrants and Aboriginals), HBV public health policy needs to be modified on an ongoing basis.

- Strategies such as risk reduction counselling and services for reducing or eliminating high-risk behaviours within the injection drug users and Aboriginal populations need to be more widely implemented.

Canadian Blood and Marrow Transplant Surveillance System Database

- The Agency will continue collecting data through its Canadian Blood and Marrow Transplant Surveillance System (CBMTSS) database, and from 2009-2011, will work towards converting the current system into a Web-base database.
- Data collected through CBMTSS and stored at NML's specimen repository will be used jointly by the participating centres, with the principal aim of improving patient safety and public health.

Blood-borne Pathogens Surveillance Project

- Continue with providing comprehensive surveillance on patients with hemophilia or other blood related diseases, such as sickle cell, in order to quickly gain knowledge of the outcomes of treatment with blood products through the Blood-borne Pathogens Surveillance Project (BBPSP).
- Ongoing support to maintain a secure bank of blood samples from these high-risk patients to be available for testing for newly emerging pathogens.

National Transfusion Transmitted Injuries Surveillance System and Transfusion Error Surveillance System

- National Transfusion Transmitted Injuries Surveillance System (TTISS) will continue to be upgraded and there will be ongoing capacity building with provinces and territories for adverse event reporting including new Transfusion Related Acute Lung Injury (TRALI) definition; development of standardized guidelines for the investigation of bacterial contamination cases; and reconciliation of data with Heath Canada's regulatory Marketed Health Products Directorate (MHPD), Canadian Blood Services (CBS), and Héma-Québec. The TTISS will be upgraded to a web-based application that will be more user-friendly and will enable real time reporting.
- In 2008-2009, there will be continuous development of TESS Pilot sites. The TESS data will be collected with initial analysis completed.
- Reports and a synopsis from both TTISS 2004-2005 and the Transfusion Error Surveillance System (TESS) 2005-2006 will be drafted for scientific publication.

Cell, Tissue and Organ Surveillance System

- Develop a Cell, Tissue and Organ Surveillance System (CTOSS) for the adverse events resulting from the transplantation of cells, tissues and organs (CTOs). The Agency will establish initial contact with key stakeholders and potential pilot sites.

Health Care Acquired Infections

Canadian Nosocomial Infection Surveillance Program

- Continue to oversee Canadian Nosocomial Infection Surveillance Program (CNISP) activities, with 30 participating members in 9 provinces. The Agency will also work to expand health-care acquired infection surveillance beyond acute care hospitals to health care situations in the broader community.

- The Agency will pursue with provision of reports, and related scientific articles on the Agency website, on the incidence of key, emerging infectious agents that cause health care acquired infections, including MRSA, VRE and *C. difficile.*
- The *Infection Control Guideline Series* will continue to be regularly updated and posted in a timely manner on the Agency website, with relevant science-based information to help prevent, limit, contain and/or control health care acquired infections.
- Maintain support to the Infection Control Steering Committee by providing Secretariat support and advisory role as well as organizing meetings. This Committee is responsible for drafting the *Infection Control Guideline Series*, which also provide expert advice in matters of health care acquired infections issues to the Communicable Disease Committee Expert Group (CDCEG) reporting to the Pan-Canadian Public Health Network (PHN).
- The Agency will continue providing assistance (upon request) to P/Ts and their health care agencies on health care acquired infection issues such as when an outbreak occurs, including MRSA, CA-MRSA, and *C. difficile.*

Migration and International Health

- Collaborate with DFAIT to print and distribute a travel health booklet for the general public to promote safe and healthy international travel. As well, the Agency will distribute new International Certificates of Vaccination or Prophylaxis and provide guidance on its completion to designated yellow fever vaccination centres in order to meet one of Canada's obligations under the revised *International Health Regulations.*

Infection Control

The Agency will work towards developing initiatives on infection control to improve prevention, early detection, containment and response capacity across Canada. These initiatives could address diseases such as XDR TB and MRSA which has moved beyond the limits of the hospital setting and has become established in localized vulnerable populations and communities. For example, CA-MRSA outbreaks are occurring in various localities across Canada with the most recent being in Nunavut. As such, the Agency is exploring the establishment of a survey to identify the prevalence of CA-MRSA in Canadian communities.

Human Papilloma Virus Vaccine

With federal funding provided to the P/Ts for the HPV vaccine and with the implementation of publicly funded vaccine programs within the P/Ts there has been a need to undertake surveillance and education activities to support the P/Ts and monitor the virus. The Agency has initiated surveillance and education activities and will need to continue and expand current efforts in anticipation of the approval of other HPV vaccines, new formulations and expanded indications, such as the immunization of males.

Foodborne, Waterborne and Zoonotic Diseases

The program includes surveillance, research, risk analysis and response to address the incidence and mitigate the burden of, foodborne, waterborne, and zoonotic illness in Canada; investigation and coordination of outbreak response, population and targeted research; and establishment of national surveillance capacity through consultation and coordination. The program strengthens public health capacity through technology and training, investigation of burden of disease and risk factors for infections, and development of national guidelines relating to risk reduction and prevention. Diseases being addressed include *E. coli*, Salmonella, Campylobacter, Hepatitis A, Norovirus, West Nile Virus,

Lyme disease, rabies, and other emerging and re-emerging risks resulting from changes to behaviour, the climate, the environment and other factors.

What's New:

- Expand and explore opportunities for capture and reporting of antimicrobial use data from major food animal species which are used for the Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS) program.
- Contribute to studies to further the understanding of disease prevalence and transmission through molecular and serological surveillance and epidemiological investigations.
- Participate in Global Laboratory Directory Map (GLaDMAP), a new WHO project that will focus on activities in the Asia-Pacific region to ensure laboratory capacity to respond to cholera, anthrax, dengue hemorrhagic fever and other pathogens that pose national and international public health threats.
- Contribute to improved animal health surveillance for early detection of emerging infectious disease risks.
- Contribute towards the provision of support in reducing the incidence and impact of antimicrobial resistance and hospital-acquired outbreaks in Canada.
- Develop strategic plans to support and enhance systems such as Web accessible National Enteric Surveillance Program (WebNESP), Canadian Laboratory Surveillance Network-PulseNet (CLSN-PulseNet), Laboratory Information Management System (LIMS) and PulseNet Canada BioNumerics.
- Work with federal partners (e.g. Health Canada, Agriculture and Agri-Food Canada and the Canadian Food Inspection Agency) on a joint federal working group on toxin-producing *E. coli* to develop and implement surveillance methods through the Canadian food safety continuum ("farm to fork").
- Reduce the threat posed to Canadians by emerging pathogens through collaborative research with national and international governmental, industrial and academic researchers to enhance surveillance capabilities and improve vaccines and diagnostic procedures.
- Develop strategies to support recognition and response to infectious gastrointestinal illness affecting new immigrants, refugees and other migrant populations entering Canada.

Focus for the RPP Reporting Period:

- Continue to provide leadership in the coordination of multi-provincial outbreaks and content expertise to the provinces, the Canadian Food Inspection Agency and Health Canada as requested.
- Continue to liaise with international partners in the investigation of international foodborne disease outbreaks.
- Launch a new tool for collecting summary data on food-borne and waterborne illness outbreaks - tool is near completion, launch and training plan is being developed.
- Enhance focus on waterborne disease and other environment related risks for enteric and zoonotic diseases. Specifically, the Waterborne Disease Summary Report (2007) will be linking meteorological data through C-EnterNet water and human endemic case data.

- Conduct a population survey to better understand the economic costs and origins of acute gastroenteritis in the community - Pilot surveys complete - planning for Aetiology Study.
- Continue to collect, and disseminate weekly, laboratory data on human gastrointestinal pathogens (bacterial, viral and parasitic) to facilitate timely outbreak detection, response and emergency preparedness through the National Enteric Surveillance Program (NESP).
- Continue development and application criteria to prioritize potential additions to the list of pathogens under surveillance in the NESP. Specifically, a background discussion document has been drafted.
- Continue to coordinate antimicrobial resistance (AMR) surveillance data under CIPARS.
- Continue implementing targeted studies examining AMR in enteric pathogens (Salmonella Heidelberg, S. Typhi and S. Paratyphi and Campylobacter spp.) and antimicrobial use data validation.
- Continue coordination of C-EnterNet, a program for sentinel surveillance program of foodborne and waterborne pathogens across the food chain and in the environment including determining the feasibility of launching new sentinel sites.
- Ensure that epidemiological findings from disease surveillance, research and outbreak investigations are used to inform food safety policy.
- Complete a study on barriers to enteric disease outbreak prevention in childcare settings. Consultation is planned for spring 2008.
- Contribute to strategies to reduce risks of infection from raw produce. Raw fruits and vegetables have become an important source of key enteric pathogens, causing widespread disease outbreaks.
- Complete national guidelines on the management of enteric pathogen shedders; and animal exhibitions, to reduce the risk of human infection. Specifically, the Shedder Guideline draft is completed and will be reviewed more broadly.
- Continue to support Health Canada and the CFIA in risk assessment related to product recall actions.
- Continue to contribute to F/P/T, national and international fora on food safety.
- Collaborate in studies of foodborne and waterborne illnesses in northern Aboriginal communities and the impact of climate change on these illnesses.
- Carry out a study of toxoplasmosis in the Arctic and sub-Arctic regions, to understand toxoplasmosis risk from both ecological and public health perspectives.
- Continue to support the implementation of Arctic initiatives on the impact of zoonotic infections. To that end, the Agency will review articles on current knowledge, and research into the risk of zoonotic infections for Inuit communities in Canada. As such, the outcome is a multi-disciplinary approach to understanding zoonotic disease risk from both ecological and public health perspectives.
- Initiate a process to identify and prioritize potential effects of climate change on a wide range of pathogens, including vector-borne, foodborne and waterborne pathogens, to guide research efforts.
- Focus on identification of climate related risks and risk mitigation strategies for vulnerable groups (e.g. Seniors, First Nation communities), including continuation of projects underway in First Nations communities

- Continue the current surveillance program for West Nile virus, including Dead Bird Surveillance, Core Program Activities and Research, contingency funding for emerging issues, and assistance to the NML to obtain specimens for broad screening for zoonotic pathogens.
- Complete a diagnostic guidance document for Lyme disease and facilitate the development of clinical guidelines with F/P/T partners.
- Expand disease modeling efforts for a variety of vector-borne infections, including Lyme disease.
- Facilitate the development of national coordination for a response to rabies in Canada.

Science and Innovation

The program generates and translates knowledge into effective national public health policy and actions. This includes the development of unique capabilities as a national resource, with a focus on infectious disease prevention and control, the application of biotechnologies and genomics to population health, and mitigation of human illnesses arising from the interface between humans, animals, and the environment. Projects undertaken by the National Microbiology Laboratory (NML) and the Laboratory for Foodborne Zoonoses (LFZ) strengthen public health capacity through research, reference services, development of innovations such as the Canadian Network for Public Health Intelligence (CNPHI) and the Global Public Health Intelligence Network (GPHIN), emergency research capacity, health risk modeling, and management of intellectual assets to improve public health and better respond to emerging health risks in Canada and internationally.

What's New:

- Advance the NML mobile lab unit as a national and international public health resource in support of infectious disease control and bioterrorism / biowarfare preparedness, which will include supporting national security operations for special events such as the 2010 Olympics.
- Contribute to Canadian and global preparedness against bioterrorism / biowarfare through scientific research, including projects relating to detection and treatment for threat agents.
- Develop and strengthen relationships with bilateral and multilateral partners and institutions, including the WHO, the Food and Agricultural Organization (FAO) and the PAHO in order to develop science-based risk management practices.
- Develop mechanisms to link surveillance data to prudent use policies and clinical practice guidelines for antimicrobial agents used in animal production.
- Continue to gain knowledge about antimicrobial use patterns in agriculture and factors affecting antimicrobial use and the potential linkage between exposure and antimicrobial resistance and pathogen virulence in the food chain.
- Continue integrating CNPHI with F/P/T and regional public health databases as part of the Agency's national, real-time alerting and strategic intelligence distribution system. This includes developing an Encephalitis Collaborating Group (ECG) surveillance application, the Measles and Rubella Surveillance (MARS) pilot, and the Canadian Animal Health Surveillance Network to detect emerging animal disease.
- Advance the bio-risk (bio-safety, bio-security and bio-containment) management agenda for the Agency which includes the development of a national and international bio-risk management strategy.

Focus for the RPP Reporting Period:

- Develop best-evidence synthesis, research, methodology and evidence-based policy advice, including risk management on targeted food policy and zoonotic public health policy issues.
- Using the latest molecular and cellular techniques to:
  - Further develop molecular diagnostic tests for rapid identification of major enteric pathogens using innovative research;
  - Develop intervention strategies for control of pathogens in animal hosts using innovative approaches; and
  - Develop advanced techniques in molecular microbiology, microbial genetics, bioinformatics and immunology in order to investigate major enteric pathogenic determinants and host responses.
- Develop agro-environment decision making tools by:
  - Contributing to the establishment and development of a horizontal program delivering Geospatial and Geographic Information Systems (GIS) capacity to the Agency by developing high performance modelling tools; and
  - Performing innovative research on pathogen source attribution in humans, animals and water, the ecology of pathogens and the risk of human disease from animal and environmental sources.
- Work to develop a Biotechnology, Genomic and Population Health (BGPH) Program by:
  - Ensuring that advances in genetics and molecular science are translated into policies and practices through collaboration with national and international;
  - Contributing to strategies to prevent disease and improve health based on the genetics and biological endowment of individuals and populations;
  - Synthesizing, integrating and translating new genomic knowledge on the relationship between genetic polymorphisms, disease (infectious and chronic) and environmental factors;
  - Leading and coordinating body for a new international network (Graph-Int) in the emerging area of public health genomics; and
  - Participating in national and international efforts to advance development of the emerging file of public health genomics.

As part of the continued development of CNPHI web-based applications the Agency will:

- Consider the feasibility of continuing a nation-wide, web-based surveillance system for over-the-counter pharmaceutical sales put in place using the Canadian Early Warning System (CEWS).
- Continue developing web-based resources, including a prototype for electronic dynamic event management (dynaEvent) to support the Incident Command System structure, an outbreak summaries reporting system for enteric and respiratory disease, and applications for electronic quality control monitoring and electronic proficiency testing.
- Continue expansion to encompass more F/P/T and regional government departments, including: the development of a surveillance system to integrate health data and information from multiple points of care; a national framework to support animal health surveillance; a collaboration between public health and radio-nuclear communities providing general alerts of nuclear events; and establishment of a collaboration centre to promote online collaboration between P/T laboratories.

Program Activity – Emergency Preparedness and Response

Financial Resources* (in millions of dollars)

2008-09	2009-10	2010-11
39.1	42.4	39.0

Human Resources (FTEs)

2008-09	2009-10	2010-11
271	271	271

** Additional funding of $0.1M for 2008-2009 and $3.4M for 2009-2010 are planned for increased security measures at the 2010 Vancouver Winter Olympics.*

A series of domestic and international public health safety and security threats associated with natural and human-caused disasters confront the health safety and security of Canadians. These threats have been particularly evident by the emergence of Severe Acute Respiratory Syndrome (SARS), Avian Influenza, the Asian tsunami and Hurricane Katrina. These events and numerous other natural and man-made disasters are occurring in a global public health environment shaped by complex social, economic and environmental factors.

On the domestic front, demographic challenges such as aging and vulnerable populations as well as health and income disparities among population groups pose serious ongoing challenges in the development of uniform and robust emergency preparedness and response capacities across a vast and sparsely populated country.

This complex interplay of domestic and international health factors requires a comprehensive and highly collaborative approach to disaster preparedness, response and mitigation on the part of the Public Health Agency of Canada. With this in mind, the Agency takes a proactive "all hazards" approach to emergency management, working with emergency preparedness and response (EPR) partners and stakeholders across Canada to prepare for and respond to natural and human-caused health emergencies at anytime, anywhere across the country.

The Agency's Priority:

- The Emergency preparedness and response capacity supports Agency priority 3 (see Section I – Overview – The Agency's Priorities).

The Program manages and supports the development of health-related emergency response plans, including the Canadian Pandemic Influenza Plan (CPIP). It develops and sponsors emergency preparedness training, and coordinates counter-terrorism preparations for incidents involving hazardous substances. It provides emergency health and social services, and manages the National Emergency Stockpile System (NESS). Emergency preparedness and response activities are guided by the F/P/T Expert Group on Emergency Preparedness and Response, which is based on the Minister of Health's Special Task Force on Emergency Preparedness and Response.

Emergency Preparedness

The Program strengthens Pan-Canadian emergency preparedness through the development of emergency operations plans, processes, and planning tools that support improved interoperability and response capabilities during emergencies.

The Program aims at protecting Canadians from geographical, biological and meteorological disasters that are either naturally occurring or human-made. Development of events such as workshops, table-top and command-post exercises helps to evaluate the capacity to respond to emergency situations and the effectiveness of existing plans and planning tools. It provides appropriate ongoing training to F/P/T and regional public health emergency response personnel and prepares them to adequately respond to public health emergencies including potential influenza pandemics.

The Program undertakes and supports relevant research, in addition to activities that support the use of evidence from relevant research fields to inform practice and policy decisions impacting health through knowledge dissemination, exchange and transfer (KDET) which includes the collection, review, and synthesis of evidence, risk assessment, creation of networks for knowledge exchange, creation of accessible and usable products and formats to communicate evidence, and development of mechanisms for dissemination.

The Program encompasses a range of public health intervention activities by which individuals, groups, and organizations improve their capacity and develop sustainable skills to identify, mobilize, and address public health problems. It includes activities such as community, institutional or professional based programming, workshops, and other educational events; the development of products, network development; and the provision of expertise. Emergency Preparedness develops plans and exercises that assist the Agency and its internal and external stakeholders to respond more efficiently and effectively during public health emergencies.

Emergency Preparedness develops training programs in health emergency management that permit all responders to respond to all types of emergencies. This activity aims at developing methodologies, courses, electronic and other tools, and skill sets to enhance emergency preparedness and response training.

Focus for the RPP Reporting Period:

- Plan and coordinate with departmental, other federal governmental, and P/T partners preparations for public health threats, including pandemic influenza.
- Carry out various exercises with other federal governmental and P/T partners to test existing operational plans and enhance preparedness plans including the pandemic influenza plan. Work also continues to support the Security and Prosperity Partnership initiative.
- Develop training programs on emergency preparedness and help its health responders and health emergency response team (HERT) partners to develop their own emergency training capacity including the capacities of key federal organizations, P/Ts and municipal governments, as well as for the Program's quarantine officers and Emergency Operations Centre (EOC) managers.
- Develop a Forensic Epidemiology online course to provide distance skills training and deployment.
- Strengthen and support programs to reduce vulnerabilities of at-risk populations during health emergencies (e.g. children, seniors, people with disabilities, etc.).
- Coordinate yearly national bio-safety and bio-containment training events, including the Canadian Bio-safety Symposium and the Containment Level 3 Facilities Design and Operations course, and develop bio-safety learning tools for laboratory workers to help minimize the risk from new and emerging dangerous pathogens.

- Manage the Transportation of Dangerous Goods (TDG) compliance and training program within the Health Portfolio through the development and the provision of training to ensure compliance with national and international TDG Regulations.
- Provide training to the Agency/Health Canada across Canada in the Workplace Hazardous Material Information System (WHMIS), Radiation Safety and Spill Response, including the development of new on-line TDG and WHMIS training tools.

Emergency Response

The Program maintains the National Emergency Stockpile System which provides reserves of medical supplies and equipment strategically located in 1,300 P/T sites, and nine federal warehouses to enable timely responses which limit the potential harm to Canada from natural and human-made disasters. The Program also supports training of stakeholders to develop their capacities to deal with emergencies. The Program provides Health Emergency Response Teams (HERTs) to assist P/T and local authorities in providing emergency medical care during disasters. This program also coordinates with P/T and other federal authorities to manage population movement, medical assessment, and when necessary, medical isolation of travelers. Quarantine and other public health measures at entry and exit control points at major airports, including the provision of staff, protect against importation of infectious diseases of public health significance, safeguard the health of Canadian and international travelers, including visitors from falling prey to imported diseases.

The Program encompasses a range of public health intervention activities by which individuals, groups, and organizations improve their capacity and develop sustainable skills to identify and address public health problems. It includes community, institutional or professional based programming, workshops, and other educational events; the development of products; network development; and the provision of expertise. The program supports provinces and territories in response to natural and man-made disasters by providing emergency medical supplies and equipment (NESS, Emergency Response Assistance Plan for Infectious Substances, RG4) and medical surge capacity consistent with the National Framework for Health Emergency Management -Guideline for Program Development (National Office of Health Emergency Response Teams).

The Program also includes activities related to the development and drafting of regulations and legislation. As well, it includes initiatives related to monitoring, compliance with regulations, and the evaluation of their impact. Emergency Response provides quarantine services at major points of entry across Canada by enforcing the *Quarantine Act* to prevent the introduction of communicable diseases into and out of Canada and to assist in mitigating potential social and economic disruption.

In order to link the health sector's emergency preparedness and response activities within the Government of Canada's National Emergency Management Framework, the Agency is directly linked to Public Safety Canada. An important liaison function enhances the operational links with the Agency's Emergency Operations Management System (EOMS) and the Government's National Emergency Response System (NERS).

Focus for the RPP Reporting Period:

- Create a robust 24/7 EOC for the health portfolio with a "user-friendly" communication capacity including satellite, cellular, two-way radios, and land line telephone connections to facilitate communication anywhere with the capacity to divert incoming calls to crisis management centers.
- Create a permanent executive liaison function to strengthen the policy, program and emergency response linkage between the EOMS and NERS.

- Co-ordinate the management of the NESS with other federal agencies and include NESS in the NERS to ensure consistency with the National Framework for Health Emergency Management – Guidelines.
- Enhance the NESS's state of readiness to respond effectively to emergencies within 24 hours of request in Canada.
- Perform a comprehensive analysis of the recommendations from the December 2006 NESS Strategic Review final report and develop a multi-year implementation plan to enhance the NESS based on an updated risk and threat analysis and with consideration of the specific emergency response needs of the provinces and territories.
- Acquire and maintain an effective stockpile system with sufficient medical supplies and equipment.
- Provide emergency medical equipment and supplies to support surge capacity for P/Ts affected by natural or human-caused disaster within 24 hours of request.
- Establish and operate the National Office of Health Emergency Response Teams (HERTs) by recruiting, training, and deploying HERTs throughout Canada.
- Improve inter-provincial emergency licensure for physicians, surgeons, nurses, and other health scientists towards rapid deployment.

Public Health Security

The Agency provides Pan-Canadian and international leadership through its surveillance, policy, and coordination of domestic and international efforts to ensure public health security.

The Program provides accurate and timely national and global public health event information to Canadian and WHO officials through the GPHIN. The Program also manages an EOC to facilitate the Agency and Health Canada situation/crisis management.

The Agency monitors imported diseases and foreign health outbreaks with potential to harm Canada, Canadians, and international travelers; mobilizes the Agency's EOC system in times of national or international health emergencies to facilitate a coordinated and effective response, ensures a ready supply of expertise for evidence-based bio-safety, bio-containment, and bio-security interventions for possible biological accidents, and provides training, published guidance, and the enforcement of the Human Pathogens Importation Regulations on movement and use of dangerous pathogens in Canadian laboratories.

The Program manages ongoing, systematic use of routinely-collected health data for tracking and forecasting health events or determinants. Surveillance includes collection and storage of relevant data, data integration, analysis, and interpretation, production of tracking and forecasting products, publication and dissemination of those products, and provision of expertise to partners developing or contributing to surveillance systems.

The Program manages activities related to the development and drafting of legislation and regulations. It also manages initiatives related to monitoring, compliance with legislations and regulations, and the evaluation of policies and their impact. The program also manages the Health Portfolio's Emergency Response Assistance Plan for Infectious Substances, RG4. The program prepares for transportation accidents involving RG4 materials. The plan includes Agency response personnel coordination of P/T response teams that respond to transport incidents anywhere in Canada.

The Program also verifies that Canadian Bio-containment laboratories are compliant with rigorous Canadian and international Bio-safety and Bio-security standards. The program minimizes the risk to Canadians from laboratories importing and working with highly dangerous pathogens for diagnostic, emergency preparedness and research purposes.

Focus for the RPP Reporting Period:

- Strengthen Canada's role in the Global Health Security Initiative to improve public health preparedness and response to possible incidents of chemical, biological and radio-nuclear terrorism.
- Use GPHIN surveillance to gather information on health emergencies of national and international significance on a 24/7 basis. Continue to provide important and timely information on Pan Canadian and global public health events to Canadian and WHO officials.
- Ensure that emergency response activities provide quarantine services at major points of entry and exit across Canada by enforcing the *Quarantine Act* (which came into force in the fall of 2006) to prevent the introduction of communicable diseases of public health concern into and out of Canada.
- Develop supporting regulations, policies, procedures, and training to support its Pan-Canadian quarantine service, with quarantine officers at six international airports which account for 94% of international travelers into and out of Canada.
- Continue to work within the F/P/T Network on Emergency Preparedness and Response to strengthen the capacity in Canada to deal with health emergencies.
- Work within the F/P/T community to strengthen the Health Portfolio's capacity to respond to a transportation emergency involving RG4 material anywhere in Canada.
- Provide leadership and collaboration with the international bio-safety community, as a WHO Collaborating Centre, to develop global approaches to bio-safety and bio-containment to protect the health and safety of Canadians.
- Develop a comprehensive legislative framework for bio-safety of human pathogens and toxins to protect the health and safety of Canadians and international visitors.
- Strengthen the new Canadian Bioterrorism Laboratory Response Network to ensure that local, P/F laboratories can quickly test and identify unknown agents.
- Represent the Agency's national authority for bio-safety and its mission: to ensure effective, evidence-based bio-safety interventions on a national basis through regulatory control, surveillance, applied research and timely dissemination of information related to needs, priorities and strategies.
- Administer the current Importation of Human Pathogens Regulations, including issuing import permits in the certification of new and re-certification of existing Bio-containment facilities to ensure Canada's response capacity to new and emerging dangerous pathogens.
- Provide a national leadership and co-ordination with P/Ts for the issuance of new Bio-safety Advisories for new and emerging dangerous pathogens.

Program Activity – Strengthen Public Health Capacity

Financial Resources (in millions of dollars)

2008-09	2009-10	2010-11
44.1	44.8	45.2

Human Resources (FTEs)

2008-09	2009-10	2010-11
249	253	253

Canada must ensure a stronger public health system to keep Canadians healthy in an environment that presents many increasing threats to their health from widening social and economic inequalities to an increasing prevalence of chronic and infectious diseases. This public health system includes skilled public health practitioners, as well as the right information, knowledge and legal frameworks to support public health decisions.

Public health threats are indeed increasing. Global trade and personal mobility mean that viruses, contagious infections and foodborne illnesses can be transported from one continent to another in a matter of hours. There is also a rising incidence of once dormant infections such as Tuberculosis and polio, which are becoming a renewed threat to the health of Canadians. In addition, the persistent threat of a pandemic like Avian Influenza continues to loom.

Moreover, our primary health care system is strained, while unhealthy living habits and chronic disease continue to increase the demands for health services. Canadians facing social and economic challenges are also more likely to suffer health problems, and public health interventions must continue supporting targeted interventions for these populations.

The Public Health Agency of Canada is committed to strengthen and sustain its public health capacity to respond to the health needs of Canadians in their everyday lives and during a public health threat or emergency. The Agency will do that by focusing on building public health human resource capacity across Canada, establishing knowledge-based information systems and advancing its work in public health law and ethics.

Working with its national and international partners, the Agency will provide tools, practices, programs and understandings that support the public health system.

The Agency's Priority:

- This activity will address Agency priority 4 (see Section I – Overview – The Agency's Priorities).

Building Public Health Human Resource Capacity

Needed public health capacity in Canada is not possible unless measures are taken to provide and maintain an adequate staff of highly qualified and motivated public health professionals. Such measures require comprehensive planning and cooperation at all level of governments, as well, as a multi-dimensional, integrated approach to public health human resources.

Working with its national and international partners, the Agency will deliver a wide range of programs covering the aspects of governance, programming, training, development and public health emergency

support services. The human resource capacity (adequate people in the right places and with the necessary competencies) within the Agency and across Canada is a requirement for the Agency to fully achieve its strategic objectives.

In 2008-2009, the Agency will continue to support the Public Health Human Resources (PHHR) Task Group of the Public Health Network. The Task Group's mandate was extended in November 2007 to address priorities identified for PHHR planning that were documented by the Advisory Committee on Health Delivery and Human Resources in the Pan-Canadian Framework for PHHR Planning: Building the Public Health Workforce for the 21st Century. Work will be undertaken in priority areas identified: Enumeration, Education and Core Competencies.

Focus for the RPP Reporting Period

The Enumeration Working Group established under the PHHR Task Group is responsible for proposing pan-Canadian standards to guide the development of an information infrastructure for needs-based, system-driven public health workforce planning. The Enumeration Working Group anticipates:

- To propose Pan-Canadian enumeration standards (e.g. a working definition of the public health workforce, its organization, and minimum data required for planning);
- To assess the ability of national data agencies, jurisdictions, and disciplines to report data on the public health workforce (e.g. professionals working in public health positions); and
- To identify strategies to collect better data on the public health workforce.

Ultimately, this will increase all jurisdictions' capacity to plan for the optimal number, mix, and distribution of public health skills and workers.

The Education and Core Competencies working groups will:

- continue collaborative work with F/P/T partners, universities and professional associations to help develop an inter-professional public health workforce with the skills and competencies to fulfill public health functions and meet population health needs at the local, provincial, national and international levels; and
- as part of this engagement, work will be undertaken with other working groups established to support the recommendations identified in the Pan-Canadian Framework for Public Health Human Resources Planning.

Continuous enhancement of skills is core to improving performance and ensuring a more effective public health workforce, which ultimately benefits the health of all Canadians. This is the focus of the Agency's Skills Enhancement for Public Health Program, which offers an online continuing education environment for public health practitioners. In 2008-2009, the program will add three online modules to the current suite, increasing the total number to thirteen. This continuing education initiative helps public health practitioners develop and strengthen the knowledge, skills and attitudes needed to meet the core competencies for public health. The program will:

- develop tools to support the use of the core competencies for public health, and will undertake collaborative work to establish discipline-specific competencies; and
- do an evaluation on the effectiveness of the consultation and communication undertaken to develop and use the core competencies.

Recent interest from international agencies has highlighted the potential of the program to help strengthen public health systems and workforce capacity globally. The program will:

- collaborate with PAHO to assess the suitability of the program to support the Virtual Campus of Public Health, with a focus on the Caribbean countries.

An adequate supply of qualified public health professionals entering practice is required to effectively support public health in Canada. The Agency, through its Public Health Scholarship and Capacity Building Initiative, will:

- continue to work to increase the supply of public health professionals;
- enhance training and capacity building opportunities across Canada; and
- strengthen linkages between public health organizations and universities.

The Agency will work with the CIHR to award scholarships and fellowships to professionals with a focus on public health and to provide grants to support academic chairs in public health at a number of universities. These chairs will establish public health focused training opportunities, intervention research and linkages to local public health practice.

Through contribution agreements, the Agency will also support public health organizations to create training products and tools, such as nursing manuals, which will help professionals improve their work practices.

In order to fully deliver on its commitments, the Agency itself must have a competent workforce and an integrated workplan for professional development covering both the science and policy aspects of program delivery. Thus, the Agency will put in place the necessary measures to:

- move forward on its professional development plan, which will include a formalized governance structure and an implementation strategy, including learning needs analyses, curriculum development and delivery and other supports to learning, including, actively recruiting and developing new staff through a number of programs; and
- recruit and provide professional development of epidemiologists, policy and other analysts and program evaluators who will be supported through an expanded ES Recruitment and Development Program, which will provide collective recruitment and development to support programs across the Agency.

The Canadian Field Epidemiology Program (CFEP), now in its 33rd year, will continue to assign highly qualified staff to work with experienced epidemiologists, in order to broaden their skills. During their two-year training experience, Field Epidemiologists assist all jurisdictions and many institutions with outbreak investigation and control, cluster investigation and control, surveillance, risk assessment, evaluation, and other field epidemiology studies. The CFEP plays a major role in providing emergency public health service and response as these field epidemiologists are available and deployed both nationally and internationally as part of the Agency's emergency response capacity.

The Agency's new Canadian Public Health Service Program will hire a variety of public health professionals to address key gaps in provinces, territories, local jurisdictions and other public health organizations, as part of an expanded and strengthened public health work force. Public Health Officers in this program will directly serve their host organizations, while having the benefit of individualized learning plans supported by the Agency. The Program provides participants the combination of career-positive professional development and field experience in order to help develop the next generation of practitioners. Typical assignments will focus on planning, evaluation, surveillance and the management of diseases, risks to health, and emergency response, including, but not limited to, Avian or Pandemic Influenza.

Knowledge-based Information System

Strengthened public health capacity requires robust knowledge-based information systems to support individuals and organizations in making decisions. Quite simply, it is critical that the collection, collation and distribution of information is meaningful (the right information), timely and efficient. This is one of the cornerstones of the Agency's effort in strengthening public health capacity. Working with its F/P/T partners, the Agency makes tools, data, knowledge and best practices available to public health practitioners and strives to build consensus on common agreements for information sharing and for issues of mutual interest across jurisdictions.

The Agency's GIS program is a recognized leader in its field due to its innovative virtual service delivery to public health practitioners. The geographic maps, charts and data available online to practitioners, assist them in fulfilling their public health responsibilities. Over the past several years, the Agency has seen a consistent increase in demand for these services.

Focus for the RPP Reporting Period

Over the next three years, the Agency will:

- continue to operate and gradually expand its GIS services which will include the continual provision of tools such as the 'online' Public Health Map Generator;
- provide data, training and support to a growing community of public health GIS users; and
- plan and undertake necessary groundwork to develop an online training module for GIS users, as part of its commitment to excel.

Stronger public health requires an integrated multifaceted approach to develop, manage and sustain public health information systems. Canada Health Infoway was given a mandate to develop and implement a national surveillance system (Panorama) across all Canadian jurisdictions. The Agency's Canadian Integrated Public Health Surveillance System (CIPHS) program will continue to support Panorama's predecessor, the integrated Public Health Information Systems (iPHIS), in jurisdictions which are using it to carry on their relevant public health responsibilities, including public health emergency response. Jurisdictions require ongoing support for the iPHIS system until they can fully adopt and integrate Panorama.

The Agency's Chief Public Health Officer (CPHO) will publish in 2008 the first annual report on the state of public health in Canada. This report will provide Canadians with a trusted source of information from Canada's foremost officer responsible for the nation's public health. Public health policy makers and program managers across Canada will see value in having a national perspective on public health issues. As part of fulfilling the Agency's legislated mandate to report to Parliament on the state of public health in Canada, it will establish the ongoing capacity to prepare future reports.

Knowledge about the economic burden of illness in Canada is needed by all levels of government. The Agency will continue to:

- research methods to improve the determination of the burden of illness; and
- provide estimates of the direct and indirect economic burden for the wide range of communicable and chronic diseases that affect Canadians.

The supply of public health information is critical to the success of the Agency. Key suppliers for some data include Statistics Canada, the Canadian Institute for Health Information and private sector data suppliers. The Data Coordination and Access Program (DCAP) continues to work with these partners to ensure the data available meets the needs of the Agency and that Agency staff have access to critical information, while respecting formal stipulations set by data suppliers. In 2008-2009 DCAP will continue these critical activities.

The Agency will continue working to strengthen the National Collaborating Centres for Public Health (NCCs). They carry an overarching mission to "build on existing strengths and create and foster linkages among researchers, the public health community and other stakeholders to ensure the efficiency and effectiveness of Canada's public health system". The NCCs:

- facilitate a better understanding of current research and knowledge-based evidence in public health in key areas: aboriginal health, determinants of health, environmental health, healthy public policy, infectious diseases and methods and tools;
- disseminate important information using relevant, easy to use products and tools that can be readily accessed and applied at all levels of the Canadian public health system; and
- connect with public health policy and program specialists, practitioners, governmental and non-governmental groups, academia and researchers across Canada and internationally.

The Agency, with the NCCs' National Advisory Council, will continue to provide guidance and financial support to the NCCs.

The Agency strives to support its actions through integrated information and knowledge functions. Effective program delivery hinges on it. The Knowledge Translation Program aims to promote knowledge synthesis, transfer, exchange and application within the Agency and between the Agency and the public health system more generally. In 2008-2009, the program will:

- focus on improving knowledge translation within the Agency through collaboration and working groups;
- conduct internal and external consultations with key national and international organizations; and
- work with other parts of the Agency to develop an overall knowledge translation strategy to meet the knowledge translation strategic objective of the Agency.

Sharing of information during public health emergencies is a critical factor to safeguard the health of Canadians. An F/P/T Memorandum of Understanding (MOU) to this effect was developed by the Pan-Canadian Public Health Network Council. The Agency will continue to support the development and ratification of this MOU and to explore, review and undertake activities to determine the roles, processes and practices for sharing information between jurisdictions.

To support effective use of information systems, the Agency will:

- strengthen its project management services including capacity gap analysis, business analysis and, process mapping; and
- assist programs throughout the Agency in managing cross-cutting projects with internal and external partners.

A key activity in this regard will be to support an Agency-wide integrated surveillance strategy.

Public Health Law and Ethics

All public health authorities are concerned about new and re-emerging infectious and chronic diseases such as SARS, CA-MRSA,[4] pandemic influenza, Types 1 and 2 diabetes and MDR-TB.[5] They remain equally concerned about refining jurisdictional roles and responsibilities and the need to ensure that the most modern legislative tools are available to protect public health. The Agency's special role is to lead

[4] Community Acquired Methicillin Resistant *Staphylococcus Aureus*

[5] Multi-Drug Resistant Tuberculosis

the response to these challenges specifically by enhancing public health preparedness through improving legal and ethical frameworks in collaboration with all relevant stakeholders.

In 2007, Canada's Health Ministers identified Pan-Canadian collaboration on these issues as critical in meeting this challenge. At the forefront in these efforts, the Agency undertakes and facilitates activities to review, analyze and assess laws and regulations intended to protect health and safety in order to increase awareness and understanding of the law as a public health intervention tool, and the importance of ethics as underpinning effective public health decision-making.

Focus for the RPP Reporting Period

In 2008-2009, the Agency will continue to:

- conduct and support applied research in public health law and ethics; and
- organize workshops and meetings to help public health practitioners and policy makers keep current with legislative developments and their impact on public health practice.

Following the ground-breaking success of Canada's first-ever Canadian Conference on the Public's Health and the Law in 2006, the Agency will host a follow-up conference in 2009. This will further support the activities of the Pan-Canadian Public Health Law Improvement Network, whose aim is to share information and assist with analysis in public health law and develop additional public health legal capacity.

Through the Public Health Ethics Working Group, the Agency will:

- continue supporting inter-professional and inter-sectoral linkages in public health ethics; and
- continue building on the success of the First National Roundtable on Public Health Ethics in November 2007, a collaborative effort between Health Canada, the CIHR, provincial and local public health authorities, and academia, and continue to collaborate with its stakeholders to develop tools to support the effective use and support of public health ethics for the public health community.

Section III – Supplementary Information

Table 1: Departmental Links to the Government of Canada Outcome Areas

Strategic Outcome: Healthier Canadians, reduced health disparities, and a stronger public health capacity				
Program Activity	Planned Spending (in millions of $)			Alignment to Government of Canada Outcome Area
	2008-09	2009-10	2010-11	
Health Promotion	203.5	200.8	197.3	Healthy Canadians
Chronic Disease Prevention and Control	69.0	69.0	69.0	Healthy Canadians
Infectious Disease Prevention and Control	234.9	275.6	239.0	Healthy Canadians
Strengthen Public Health Capacity	44.1	44.8	45.2	Healthy Canadians
Emergency Preparedness and Response	39.1	42.4	39.0	Safe and Secure Communities

Alignment to the Government of Canada Outcome Areas

The Public Health Agency of Canada directly contributes to two Government of Canada outcomes:

1. Healthy Canadians

Four of the Agency's Program Activities support this outcome area:

- Health Promotion;
- Chronic Disease Prevention and Control;
- Infectious Disease Prevention and Control; and
- Strengthen Public Health Capacity.

2. Safe and Secure Communities

One of the Agency's Program Activities, Emergency Preparedness and Response, directly supports the "Safe and Secure Communities" Government of Canada outcome. The Agency plays an important role in reducing the threat of infectious diseases and chemical and biological agents, and accordingly contributes to the safety of Canadian communities.

The Agency also has an influence on two other Government of Canada outcomes, as follows:

- A Fair and Secure Marketplace – Events such as a SARS outbreak can inhibit economic activity by affecting production, trade and travel. The Agency's leadership in reducing the likelihood and potential impact of public health emergencies helps protect and sustain Canada's economy.
- A Safe and Secure World Through International Cooperation – The Agency is committed to strengthening global health security in collaboration with its international partners. To support Canada's participation in the Global Health Security Initiative, the Agency advances pandemic influenza preparedness, moves forward to prepare against chemical and biological threats, and leads the Global Health Security Action Group Laboratory Network.

Table 2: Sustainable Development Strategy

Having launched its first Sustainable Development Strategy (SDS) during 2007-2008, fiscal year 2008-2009 represents the second year of implementation of the first Public Health Agency of Canada SDS. In this Strategy, the Agency has committed to the goals of incorporating sustainable development considerations into the planning and implementation of its activities, ensuring that the Agency conducts its operations in a sustainable manner, and building capacity to implement the Strategy. The commitments made in the SDS will advance the Agency's strategic objective of healthier Canadians, reduced health disparities, and a stronger public health capacity, and by doing so will support the Governments priority of reducing patient wait times. Because sustainable development (SD) is a comprehensive and balanced concept, it recognizes the links between the economy, the environment and social well-being, including health. Sustainable development aims to improve human health and well-being to enable Canadians to lead economically productive lives in a healthy environment while sustaining the environment for future generations.

In order to accomplish these balanced objectives, the Agency is committed to integrating best practices for SD into its decision making, processes and operations. It will also be working closely with the P/T and other partners to achieve sustainable development, keep Canadians healthy, and help reduce pressures on the health care system. At the same time, the Agency recognizes SD is a long-term journey. It is one that the Agency is committed to pursuing over the three-year planning period.

The Agency's SD contributions not only support its SDS and its public health mandate, they also support federal SD goals, such as sustainable communities, SD and use of resources, reducing greenhouse gas emissions, targets of the Office of Greening Government Operations (GGO), and strengthening federal governance and decision-making to support SD.

During 2008-2009 the Agency will make progress toward several SDS deliverables including:

- Contributing to the sustainability of communities by:
    - Administering community-based programs directed at women, children and families living in conditions of risk, through the Community Action Program for Children, the Canada Prenatal Nutrition Program and Aboriginal Head Start in Urban and Northern Communities.
    - Reporting on the outcomes of Population Health Fund projects funded by the Quebec Region to determine project SD contribution.
    - As a partner in the Northern Antibiotic Resistance Partnership, studying and contributing to the development and delivery of an education program on infectious organisms that are becoming increasingly resistant to commonly used antibiotics for both health care providers and community individuals.
- Using natural resources sustainably and contributing to GGO targets by:
    - Increasing awareness of green travel options to 50% of all Agency employees.
    - Providing procurement training to 75% of material managers and integrating green procurement into training for acquisition cards.
    - Exploring options to develop an effective, efficient and affordable green purchasing tracking system.
- Strengthening federal and Agency governance and decision-making by:
    - Tracking Strategic Environmental Assessments of policy, plan, and program proposals.
    - Developing and implementing a Sustainable Development Policy.
    - Reporting progress to management on SD goals and objectives.
    - Considering SD principles in budget review processes.

During 2008-2009, the Agency will support these initiatives and sustainable development by working with staff to support them in understanding how SD applies to their work. The Agency SDS can be found at: http://www.phac-aspc.gc.ca//publicat/sds-sdd/sds-sdd2-a_e.html

SDS Agency Goal 1: *Incorporate SD considerations into the planning and implementation of Agency activities*		
2. Federal SD goal, including GGO goals *(if applicable)*	3. Performance measurement from current SDS	4. Department's expected results for 2008-09
Sustainable communities- communities enjoy a prosperous economy, a vibrant and equitable society, and a healthy environment for current and future generations	% Solicitations that address SD issues % Eligible employees that received SD training % Funding that involves SD criteria # Solicitations where SD is mentioned	Target 1.1.1: Include SD considerations in all Population Health Fund solicitation documents by December 2009 Milestone: Training made available to Agency staff on sustainable development concepts to enable them to deliver on this target
	# Funded projects with SD elements # Families and/or individuals reached through projects either directly or indirectly	Target 1.1.2: By March 31, 2008, review outcomes of Population Health Fund projects funded by the Quebec Region to determine project SD contributions Milestone: Report on findings on an annual basis, the first report by March 31, 2008
	# Education Programs delivered # Active surveillance programs developed and implemented # Presentations given # Articles published # Health care providers and community individuals accessing the education program # Recognitions received for research # Viable suggestions to improve treatment # Case control studies # Active surveillance programs	Target 1.2.2: As a partner in the Northern Antibiotic Resistance Partnership, study and contribute to the development and delivery of an education program on infectious organisms that are becoming increasingly resistant to commonly used antibiotics for both health care providers and community individuals by December 31, 2008 Milestone: Develop and deliver an education program aimed at both health care providers and individuals in the community in an attempt to reduce the prevalence of AROS in the community by December 31, 2008

SDS Agency Goal 1: *Incorporate SD considerations into the planning and implementation of Agency activities*		
2. Federal SD goal, including GGO goals *(if applicable)*	3. Performance measurement from current SDS	4. Department's expected results for 2008-09
Sustainable development and use of natural resources	Availability of rapid molecular typing system Availability of phage therapy for *E coli* 0157:H7 in food animals Reporting on results of research activities at the Laboratory for Foodborne Zoonoses Reporting on activities undertaken at the high-performance disease modeling and Health Geographic Information Systems (GIS) Laboratory	Target 1.2.3: Contribute to reducing the risks to human health from foodborne and waterborne diseases arising from animals and the agro-environment through knowledge generation, knowledge synthesis and evidence-based interventions Milestones: 1. Usage of the high performance disease modeling and Health GIS laboratory Saint-Hyacinthe) for spatial analysis and geomatics for specific health risks associated with foodborne and waterborne infections (on-going but reported annually, 3 times by March 31, 2010) 2. Communication of the integrated results of surveillance programs (CIPARS annually and C-EnterNet report on pilot study findings by March 2009) 3. Communication of the results of knowledge synthesis and translation for specific public health risks investigated, and provide evidence to policy-makers for informed decision-making (ongoing)
	# Community-based groups receiving funding # Community-based groups receiving strategic guidance on programming # Children and families receiving program benefits	Target 1.2.4: Contribute to the sustainability of communities by administering community-based programs directed at women, children and families living in conditions of risk, through the Community Action Program for Children, the Canada Prenatal Nutrition Program and Aboriginal Head Start in Urban and Northern Communities Milestone: March 2008 - Community Programs Annual Report
	% Canadians reporting participation in physical activity % Canadians reporting healthy eating % Canadians reporting healthy weight	Target 1.2.5: With provincial / territorial partners, help to increase the proportion of Canadians who participate in physical activity, eat healthier diets and have healthy weights by 20% by the year 2015 Milestone: By March 2010, evaluate progress toward the federal provincial healthy living target for input to evaluation of the pan-Canadian Healthy Living Strategy
	# Teaching positions funded # Workshops conducted, joint activities # Continuing education strategies established # Community-oriented applied public health research programs established	Target 1.2.6: Each recipient university establish, by 2009, a continuing education strategy aimed at local public health workers and a community-oriented applied public health research program

SDS Agency Goal 2: *Ensure that the Agency conducts its operations in a sustainable manner*		
2. Federal SD goal, including GGO goals *(if applicable)*	3. Performance measurement from current SDS	4. Department's expected results for 2008–09
Sustainable development and use of natural resources	% Material managers trained % Training courses offered # Participants in training courses % of acquisition card holders that have received green procurement training	Target 2.1.1: Provide procurement training to 75% of material managers and integrate green procurement into training for acquisition cards by December 31, 2008 Milestone: Train existing Acquisition Card holders by December 21, 2008
	% Inventory that is ENERGY STAR-compliant # LCD monitors vs CRT monitors % LCD monitors % Network printers vs regular printers % Printers with duplex capacity % Stand-alone printers replaced % Stand alone printers replaced with group printers % Group printers moved to well-ventilated areas	Target 2.1.2: Meet the Government of Canada standards for purchase and by March 31, 2010 meet the guidelines for operations of office equipment Milestones: 1. All new desktop computers, computer monitors and printers or multifunction devices (combined printer-scanner-fax) purchased meet the environmentally friendly ENERGY STAR standard 2. Individual printers to be authorized only if the individuals print confidential documents on a regular basis or are physically disabled 3. Replacement of IT equipment each year based on the 3 year evergreening standard upon receipt of evergreening funds
	# Baselines of the Agency's procurement patterns established # Report on tracking options	Target 2.1.3: Establish a baseline of the Agency's green procurement patterns and explore options to develop an effective, efficient and affordable green tracking system by December 31, 2008 Milestone: Compile report and make recommendations on green procurement tracking options by December 31, 2008
	# Times telephone, video and web conferencing services used % Awareness of green travel options among Agency employees # People attending information sessions on green travel options % Employees using green travel options % Employees using alternative modes of transportation % Employees using telephone, video and web conferencing services	Target 2.1.4: Increase awareness of green travel options to 50% of all Agency employees by March 31, 2009 Milestones: 1. Develop a Green Travel Options Awareness Program by December 31, 2008 2. Include module related to Green Travel Options Awareness in survey of Agency employees by January 31, 2009 3. Include results of employee awareness of Green Travel Options in Report on Employee Awareness of Sustainable Development by March 31, 2009

SDS Agency Goal 2: *Ensure that the Agency conducts its operations in a sustainable manner*		
2. Federal SD goal, including GGO goals *(if applicable)*	3. Performance measurement from current SDS	4. Department's expected results for 2008–09
	# Tools developed for effective hazardous waste monitoring and reporting	Target 2.2.1: By March 31, 2010, institute effective hazardous waste monitoring and reporting Milestones: 1. As of April 1, 2008 and each year thereafter, annual review of hazardous waste volumes in the Laboratory for Foodborne Zoonoses and the National Microbiology Laboratory 2. Develop and roll out a database for the Agency and Health Canada for monitoring the generation of hazardous waste and recycling opportunities, as a tool that can identify opportunities for more sustainable use and disposal of chemicals and other materiels.
Reduce greenhouse gas emissions	% Reduction in water and energy consumption	Target 2.3.1: Improve energy efficiency and reduce water consumption in Agency-owned laboratory buildings under normal operating conditions by 2% by FY 2009-2010, using FY 2005-2006 energy and utility management data as the baseline Milestones: 1. Building Management Plans for Agency-owned building reviewed annually to ensure that planned projects, where applicable, will reduce energy consumption by March 31, 2010 2. Report annually on the effectiveness of preventative maintenance and building improvements on usage of non-renewable resources, comparing building performance review of energy/utility management to the baseline data of 2005-06 by March 31, 2010

SDS Agency Goal 3: *Build capacity to implement Goals 1 and 2*		
2. Federal SD goal, including GGO goals *(if applicable)*	3. Performance measurement from current SDS	4. Department's expected results for 2008–09
Strengthen federal governance and decision-making to support sustainable development	# Strategic Environmental Assessments (SEAS) conducted for new policies, plans and programs % Policy, plan and program proposals entered in the system that have completed SEAS, on an annual basis	Target 3.1.1: Track SEAS of policy, plan and program proposals by March 30, 2008
	% Agency employees who understand how SD applies to their work # Policy implemented by March 31, 2010	Target 3.2.1: Develop and implement a Sustainable Development Policy by March 31, 2010 Milestones: 1. Consultation with staff by October 2008 regarding link between SD and Agency mandate for public health 2. Mapping of how Agency policies, programs and operations interact with SD principles and initiatives by November 20, 2008 3. Proposal by December 30, 2008 on the Agency's role in sustainable development and on how an SD policy would help guide staff to implement SD within the Agency
	# Provinces where the GIS services are available to public health professionals % Increase in the number of public health professionals using the GIS services between June 2006 and December 2008	Target 3.2.2: Provide a sustained and accessible GIS infrastructure for public health and SD practice Milestone: December 2008, Offer GIS infrastructure services to 13 provinces and territories
	# Progress reports submitted per year SD listed as a standing item on Management Committee meeting agenda # of SD discussions in Management Committee meetings	Target 3.3.1: Report progress to management on SD goals and objectives twice a year Milestone: Review overall progress toward SD goals and objectives by January 30, 2009
	# Strategic, human resources and planning documents in which SD considerations are integrated	Target 3.3.2: Integrate SDS commitments into the Agency's key planning and reporting processes by March 31, 2010
	# Budget review processes that consider SD principles % Budget review processes that consider SD principles	Target 3.3.3: Consider SD principles in all budget review processes undertaken within the Agency by March 31, 2010 Milestones: 1. Contribute to the 2-year Base Budget Review 2. Assess base budget review findings for SD gaps and opportunities and provide SD expertise for recommendations by June 30, 2008

SDS Agency Goal 3: *Build capacity to implement Goals 1 and 2*		
2. Federal SD goal, including GGO goals *(if applicable)*	3. Performance measurement from current SDS	4. Department's expected results for 2008–09
Not linked to a federal SD goal	# Databases developed/integrated # Tools developed # Collaborations # Meetings # Presentations delivered # Articles published # Documents created # Educational/training sessions delivered # Recognitions received # Viable suggestions to improve treatment # Fingerprinted strains of antimicrobial-resistant community- or-hospital acquired organisms	Target 1.2.1: Genetically fingerprint anti-microbial resistant strains to describe patterns in human antimicrobial use and antimicrobial resistance by December 31, 2009 Milestone: Support the development of a risk analysis framework for antimicrobial use in agriculture and humans by December 31, 2008
	# Awareness-building activities % Agency employees who understand their responsibilities in relation to SD	Target 3.1.2: 75% of Agency employees understand how SD applies to their work by March 31, 2009 Milestones: 1. Beginning in September 2006, ongoing communications to staff regarding Sustainable Development through a variety of media (submissions to *Just the PHACs*, skit or a stunt during United Way fund raising, presentations to Management Committees or at retreats) 2. Work with Communications to develop an Internal Communications Plan for each year of the strategy 3. Use this information in planning for SD in the Agency, including the next round of SDSs (Undertaken by January, 2010) 4. Conduct consultations on SD with staff of each directorate, centre, lab, region etc by September 2008 and report on them to Management Committee 5. Commitment by Human Resources (HR) Directorate to encourage staff participation in Earth Day activities 6. Commitment by Human Resources Directorate to encourage staff to participate in Environment Week activities 7. Human Resources Directorate commitment to discuss whether or not awareness among HR staff has increased and to report results to Office of Sustainable Development 8. Use this information in planning for SD in the Agency, including the next round of SDSs (Undertaken by January 2010)

Additional Financial Tables

The following financial tables can be found on the Treasury Board of Canada Secretariat (TBS) website at http://www.tbs-sct.gc.ca/est-pre/estime.asp

TABLE 3: Details on Transfer Payment Programs

TABLE 4: Proposed Evaluation Projects for 2008-2009 to 2010-2011

TABLE 5: Foundations (Conditional Grants)

TABLE 6: Green Procurement

TABLE 7: Horizontal Initiatives

TABLE 8: Internal Audits

TABLE 9: Departmental Regulatory Initiatives

TABLE 10: Services Received Without Charge

TABLE 11: Sources of Respendable and Non-Respendable Revenue

Section IV – Other Items of Interest

Strategic and Developmental Initiatives

The Public Health Agency of Canada recognizes that strategic and developmental initiatives are required to support the achievement of its priorities and advance the work of improving public health. Since its inception, the Agency has undertaken a number of activities to fulfill its role as a voice for public health, to define its structural needs and to establish the necessary elements, to build new and expand relationships, and to explore new avenues for improving the public health system in Canada.

Public health is a responsibility shared across governments and other stakeholders. In order to achieve tangible results, the Agency works closely and cooperatively with all of its partners to provide a cohesive, national approach to public health. The Agency is working to strengthen relations P/T and international authorities, to facilitate working relationships across sectors and to ensure a comprehensive engagement of all stakeholders. Recognizing the critical importance of evidence-based programs and policies, the Agency is working to develop its internal capacity for knowledge generation and translation, as well as mechanisms for information sharing and exchange with external partners.

Achieving Policy Coherence

Aboriginal Public Health

In light of the continuing poor health status of First Nations, Inuit and Métis relative to the broader Canadian population, and with the understanding that First Nations, Inuit and Métis are distinct and diverse, the Agency continues to take steps towards implementing commitments under its 2007-2012 Strategic Plan and its June 2007 response to the Standing Senate Committee on Social Affairs, Science and Technology. With its commitments and the public health needs of Aboriginal Peoples in mind, the Agency will continue to build on existing policy and program initiatives, including its increased strategic policy capacity in this area, and will pursue the following actions over the three-year planning period in order to further strengthen its policy foundation, capacity and focus on First Nations, Inuit and Métis public health:

- Finalize and implement a Memorandum of Understanding (MOU) with Health Canada's First Nations and Inuit Health Branch (FNIHB) to clarify roles and responsibilities with regard to Aboriginal public health program and policy initiatives, and to strengthen the Agency's overall involvement and positioning in FNIHB's Aboriginal public health strategy and related Health Canada initiatives that aim to advance work in specific areas of Aboriginal public health.
- Continue to engage bilaterally and multilaterally with other federal departments, National Aboriginal Organizations, P/T and stakeholders to advance multilateral work on priority Aboriginal public health issues. This engagement will inform the development of a strategic policy framework for Aboriginal public health that will guide the Agency's activities, and to improve overall collaboration, coordination and responsiveness on these issues.
- Continue to engage with National Aboriginal Organizations and Aboriginal communities to forge productive relationships built on trust and credibility, ensuring internal capacity to deliver on commitments.
- Continue to conduct analysis of the health status of First Nations, Inuit and Métis people in Canada and related public health issues, for inclusion as appropriate in the CPHO annual report and other reports on public health issues. This analysis will include an emphasis on understanding the ways in which the determinants of health interact to affect the health of Aboriginal peoples, and on identifying best practices in addressing Aboriginal public health needs.
- Building on existing efforts, continue to develop the Agency's capacity to work effectively in the area of Aboriginal public health, including cultural competency and the ability to develop

interventions that are culturally appropriate. This work will include initiating the development of an Aboriginal recruitment strategy that will align with the Agency's strategic policy framework for First Nations, Inuit and Métis public health.

These actions will serve to further develop a network of relationships, clarify and solidify the Agency's role in and approach to First Nations, Inuit and Métis public health, and better position the Agency and the Government of Canada to effectively address Aboriginal public health issues and, more broadly, the determinants of Aboriginal Peoples' health.

International Initiatives

Public health is a critical international issue with economic, security and development dimensions. While infectious diseases continue to exact a high human toll in lives lost, particularly among children, chronic and non-communicable diseases now form the majority of the burden of disease and premature deaths in the world, including in a significant number of developing countries. The Agency will continue to use multilateral and regional organizations as well as bilateral relationships to confront these global public health challenges and build upon past successes. During the planning period, the Agency will take a leadership role in supporting international initiatives that build capacity in key areas and influence global policies that are in the interests of public health in Canada.

In 2008-2009, the Agency will further an international health strategy and an organizational approach for managing international activities. In addition to supporting Canada's domestic public health goals, this investment provides a more solid foundation for strategic international initiatives to strengthen global public health security; to strengthen international efforts to build capacity in public health systems; and to reduce the global burden of disease and global health disparities – three interconnected and mutually supportive objectives. Strengthening international public health infrastructure enhances public health globally and is integral to reducing the global disease burden and improving global public health security. This area is demanding new approaches to ensure that a critical line of defence is maintained to protect Canadians against many current and emerging public health and other health-related threats.

The Agency's investments in 2008-2009 will expand its capacity to implement its international health strategy and strengthen Canada's links in the international public health arena. They will enable Canada to meet its international obligations and share more public health expertise with global partners. During the planning period, the Agency will also continue to develop and strengthen relationships with bilateral and multilateral partners and institutions, such as the WHO (a Government of Canada strategy with regard to this relationship is currently being developed), the PAHO, the OECD and the International Union for Health Promotion and Education. The resulting exchanges of information will improve the Agency's domestic work by allowing the best practices of other countries to be reflected in the development of Agency policies.

Environment

Canadians increasingly recognize the linkages between health and the environment. Novel measures to improve air quality in Canada and stricter environmental standards, with appropriate enforcement, have been identified as key government priorities. Changes in climate, air and water quality, wildlife habitats and other aspects of the environment all have an impact on the health of Canadians. The Agency is committed to developing a strong and comprehensive policy on possible public health effects stemming from the physical environment. The Agency is well positioned to work horizontally, with other federal players and partner organizations, to incorporate a public health perspective in the broader health and environment agenda. As a member of the Health Portfolio, the Agency will continue to work closely with Health Canada's Healthy Environments and Consumer Safety Branch on addressing the links between health and the environment. The Agency will also provide public health expertise to other federal partners such as Environment Canada, Natural Resources Canada, and Indian and Northern Affairs Canada.

Pan-Canadian Public Health Network

The 2005 launch of the Pan-Canadian Public Health Network was an important, strategic step in strengthening public health capacity across Canada. In establishing the Network, F/P/T Ministers of Health created a mechanism for multilateral sharing and exchange among F/P/T public health institutions and professionals. This new, more collaborative approach to public health policy and initiatives is critical during public health emergencies, and will also assist Canada in establishing a more efficient approach to addressing serious public health issues.

The Network will continue to focus on joint strategies and action in the following six public health areas: communicable disease control; emergency preparedness and response; public health laboratories; public health surveillance and information; non-communicable disease and injury prevention; and population health promotion.

Over the planning period, the Agency will continue to capitalize on investments made in the Pan-Canadian Public Health Network. Key planned initiatives for the Network over this period include:

- Implementation of the MOU on Mutual Aid and Information Sharing in public health emergencies;
- A continued focus on pandemic influenza preparedness, including the delivery of a national policy recommendation on whether or not to provide antivirals for disease prevention during an influenza pandemic, and the development of the technical and operational components of the MOU describing respective F/P/T roles and responsibilities in pandemic preparedness and response;
- The design and application of tools to support timely and efficient public health communications and links within the Pan-Canadian Public Health Network;
- Further development of the National Health Emergency Management System; and
- Enhancing the capacity of Canada's public health system through public health human resource planning and development as well as furthering the Agency's laboratory capabilities.

The Agency is also exploring opportunities to include expertise in Aboriginal public health in the work of the Network.

Management Initiatives and Capacity Development

Policy Capacity

The Agency will continue to enhance and augment its policy capacity in order to strengthen its public health leadership and its contribution to the priorities of the Health Portfolio and the health-related priorities of other government departments. By doing so, the Agency will be in a better position to identify, coordinate, and bring forward high-quality strategic proposals and options for the consideration of the Minister of Health and Cabinet, enhance policy synergies, and develop and make use of a variety of levers, partnerships, and innovative delivery mechanisms. The development of policies will better integrate results and value-for-money considerations. During the planning period, steps will be taken to further develop the Agency's policy capacity within program branches while maintaining and enhancing its core policy functions within the Strategic Policy Directorate.

The Agency's Five-Year Strategic Plan

The Agency launched its first Strategic Plan 2007-2012 on September 13, 2007. This comprehensive plan promises to enhance the management and effective delivery of the Agency's programs.

The next step is to identify concrete measures that will be taken to deliver on these priorities over the next five years. Managers are being encouraged to hold all-staff retreats to discuss what the Agency needs to do to make the Plan a reality.

As well, to move the five-year strategic plan forward, an annual corporate business planning process aligns the Agency's human capital with its strategic and business goals. The broad strategic directions and Agency priorities identified in the strategic plan, coupled with the implementation strategy and accountability mechanisms set out in the Corporate Business Plan, will improve performance and organizational success through integrated planning and efficient action.

Risk Management

As part of the due diligence undertaken as its organizational structure is evolving, the Agency is developing a corporate risk profile. This involves taking stock of the operating environment and the organization's capacity to deal with key high-level risks linked to the achievement of corporate objectives. During a series of workshops held early in 2006, risks that could prevent the Agency from meeting its objectives were identified and assessed with a risk-assessment tool that has both qualitative and quantitative elements. The resulting risk profile will inform senior officials on the prevailing departmental perspective on risks inherent to the Agency's mandate and risks emerging from the changing operating environment, and how these risks are to be mitigated, managed and communicated.

This is the first step in incorporating an integrated risk-management framework into the Agency's daily operational practices. The adoption of such a framework supports the federal agenda of modernizing management practices and supporting innovation through more responsible risk-taking.

Strategic Risk Management and Communications

The Agency launched its Strategic Risk Communications Framework in March 2007, and training and implementation are under way. Strategic risk management and communications provides support for informed decision-making and communications that helps stakeholders, and ultimately all Canadians, make well-informed decisions on key public health issues, and foster the confidence of Canadians in the Agency by serving as a foundation for integrated risk management in public health.

The Agency's Communications Directorate has been trained in the Framework and is working with program managers and policy makers to implement it as a component of risk management on a variety of issues. Multi-disciplinary teams from across the Agency and the health portfolio have been established and the Framework is being used by those teams to guide a risk management and communications approach to key files. Training has been expanded to include other groups at the Agency, such as the Office of Public Health Practice, and groups at Health Canada. In addition, the Agency is investigating how to facilitate a wider roll-out of training to other departments to assist them in risk management.

Business Continuity Plan

The Public Health Agency of Canada's Business Continuity Planning (BCP) program allows critical services or products to be continually delivered to clients regardless of any major disruption of normal activities (e.g. due to a disaster or major outbreak of disease), instead of being focused on resuming business after critical operations have ceased or recovering after a disaster. A critical service is one whose compromise in terms of availability or integrity would result in a high degree of injury to health, safety, security or economic well being of Canadians or to the efficient functioning of the Government of Canada. The Agency is committed to having a solid BCP program that responds to all hazards.

The BCP includes as an annex, a BCP in the event of an Influenza Pandemic which outlines the Agency's response in the event of such an emergency. It would be used to determine the resources needed to

maintain the critical services and approved priorities, as well as to examine the specific skill sets required. This annex also includes a management replacement plan, as well as avenues to obtain resources.

The Agency conducted a test of its BCP in the event of an Influenza Pandemic, March 2007, as a table-top exercise. Recommendations that resulted from the exercise are being implemented over the coming months and another test of the BCP for the Agency is tentatively scheduled for fiscal year 2008-2009.

The Agency's BCP program is maturing and a greater understanding of the needs of the Agency has been achieved. It is with this understanding that a number of changes are anticipated over the next 24 months to develop a comprehensive set of plans that match the strategic directions of the Agency.

Regional Operations

A strong regional presence ensures that the Agency can provide leadership and promote coordinated action on population and public health across the country and achieve its strategic objectives and priorities. Agency Regional Offices connect and support stakeholders, including those outside the health sector, to take action on national priorities, gather public health information and build on resources at the regional, provincial and district levels.

The Agency will continue to expand the role and effectiveness of its regional operations, promoting better alignment and coherence between regional and national levels with respect to structure, governance, priorities and accountability. Agency Regional Offices will also continue to provide information and strategic advice from regional perspectives to influence and participate in decision-making, innovate and respond to emerging health issues and opportunities in the regions and facilitate action across the country to strengthen the public health system.

Program Management Committee

Grants and Contributions (Gs and Cs) are a mechanism within programs that assist the Agency in fulfilling its mandate and public policy objectives by entering into funding relationships with public, private, volunteer and not-for-profit organizations that are working to promote and protect the health of Canadians. These include initiatives that deliver health promotion and disease prevention programs, undertake research, public policy development, surveillance, knowledge synthesis and exchange initiatives, strengthen public health capacity and develop strategies and networks to build healthy communities and respond to emerging public health issues.

The Program Management Committee (PMC), a permanent senior management committee established in 2006, is mandated by the CPHO to provide direction and oversight of the Agency's programs and related Gs and Cs activities. This Committee is responsible for ensuring that Agency programs are closely aligned with the Agency's public health policy objectives, enhance Agency capabilities and accountability and are managed with care to achieve results for Canadians.

Over the next year, the PMC will work with Agency programs and initiatives to implement recommendations of Gs and Cs reviews, including strengthening the management, oversight and effective delivery of Gs and Cs funds.

Access to Information Program

The Agency continues to develop the corporate infrastructure to deliver and support its day to day business. On April 1, 2007, the newly created Access to Information and Privacy (ATIP) Division assumed responsibility for the ATIP function. During this period, to improve the Agency's ability to respond to ATIP requests, the Division is undertaking staffing, developing ATIP policy, and launching an Agency-wide ATIP training and awareness program.

Audit

In May 2007, as part of the strategy to implement the Treasury Board (TB) Policy on Internal Audit, the CPHO and the Agency's Executive Committee approved the revised Risk-Based Audit Plan (2007-2008 to 2009-2010). The audit plan describes the audit projects that will be undertaken by the Audit Services Division. The audit reports will be made available to the public on the Agency's web site. Observations and information regarding the audits will be included in the Agency's future Departmental Performance Reports (DPR) and Reports on Plans and Priorities (RPP).

The Chief Audit Executive established policies and procedures to guide the internal audit function. In October 2007, as required by the TB Policy on Internal Audit Directive on Departmental Audit Committees, the Agency and TBS appointed its external members for the newly established Audit Committee. The audit committee met for the first time in November 2007 and will meet four times a year. The audit committee is overseeing the conduct of internal audits and is providing the CPHO with the assurance on the adequacy of internal controls, particularly by assessing controls over financial management and financial reporting and by assessing the delivery of programs and activities with due regard to economy, efficiency and effectiveness.

Evaluation

The Centre for Excellence in Evaluation and Program Design (CEEPD) provides corporate leadership, independent advice and guidance, and promotes effective, high-quality and consistent performance monitoring, measurement and evaluation practices across Agency programs, policies and initiatives.

In 2007, the CEEPD developed the first five-year (2007-2012) risk-based evaluation plan for the Agency, which was approved by the Agency's Evaluation Advisory Committee and the CPHO. The evaluation plan will be updated annually to reflect changes in Agency priorities and new evaluation work scheduled, and the evaluation reports will be made available to the public through the Agency's web site. Observations and information regarding the evaluations are included in the Agency's DPRs and RPPs.

In 2008-2009, the CEEPD will be focussing its efforts on developing and implementing an Agency Evaluation Policy, and addressing the requirements in the new TBS Evaluation Policy, including the requirement to evaluate all grants and contributions programs on a five-year cycle. The CEEPD is also seeking to establish an Agency community of practice for evaluators and those interested in evaluation/knowledge development and exchange, to regularly engage in opportunities to share, learn and improve their own professional and organizational performance.

Management, Resources and Results Structure

A government-wide process to facilitate the full implementation of the Government of Canada's *Management, Resources and Results Structure Policy* began in 2006-2007 and continued during 2007-2008. The Agency made modifications to its SO and its PAA, and worked on describing its governance structures and developing its first official performance measurement framework.

During 2008-2009, the Agency will develop implementation strategies and quality assurance processes, particularly for its performance measurement framework with a view to strengthening transparency and accountability within the Agency and in reporting to Parliament and the public.

Our Partners

The Agency is continually involved in an evolving framework of partnerships and collaborations at many levels. Our range of partners includes other federal departments and agencies, P/T governments, stakeholders, as well as international organizations. As indicated in the Agency's Strategic Plan, the

Agency is striving toward a more inclusive and comprehensive approach to engaging stakeholders as full partners in shaping and delivering results. The Agency will launch a broader strategic approach to stakeholder relations management. This approach will involve strengthening the Agency's relationships with its partners, resulting in better engagement in coordinated efforts to advance shared public health objectives on common priorities.